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o3m. A. B. CROSBY, M. D.

THE NEW HAMPSHIRE

JOURNAL OF MEDICINE.

Vol. VIII. JANUARY, 1858. No. 1.

[*For the N. H. Journal of Medicine.*]

INFLAMMATION OF THE PLEURA, LUNGS, PERITONÆUM, LARYNX AND TRACHEA.

Mr. Editor:—The November No. of the Buffalo Medical Journal contains a brief notice of the transactions of the N. H. Medical Society for the past year and refers, particularly, to the report on *Practical Medicine.* The remarks of the *sub* or associate editor, on that particular report, are quoted in your notice of the transactions in the Dec. No. of the N. H. Journal of Medicine. Whether you have quoted the remarks of the Buffalo Journal as expressive of your views upon the subject, or for some other reason, is of little importance to the writer of the report on practical medicine. Now this is what we hoped would be done when that report was written. As the subject is up for discussion, it is immaterial whether the first retort comes from the sapient and learned associate editor of the Buffalo Journal or from some other source.

The grand question before us is, whether the medical heresies of the times are leading us astray or to the discovery of truth?

Twenty years ago the lancet was used for almost all diseases, and often we found persons in good health, in the habit of resorting to blood-

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letting at least once in each year, as they said, for the purpose of 'keeping them well;' and it often required a long argument to convince them that the practice was wrong for persons in health. From that time the lancet has been used more and more sparingly, until we are passing into the opposite extreme. In avoiding the Scylla we have evidently struck upon the Charybdis. Blood-letting is a remedy of great power and should not be used in those slight cases of indisposition that can be easily treated by milder means. It is undoubtedly true that, four-fifths of the cases that were formerly subjected to the active treatment then in vogue, could have been as safely managed by milder treatment; and yet this by no means proves that this great and important remedy should be entirely discarded. Slight attacks of pleuritic and bronchial inflammation, as is well known to every *nurse* even of limited experience, require no medical treatment other than the domestic diaphoretic drinks, with an opiate at night. These cases in popular parlance are denominated bad colds and the physician is seldom called. Another grade of inflammation more severe, from the same cause, may attack the pleura and a small part of the substance of one lung, causing dyspnœa and considerable febrile action and be treated safely with sinapisms, diaphoretics and anodynes with rest, abstinence, &c. This second grade of cases if not the first, would formerly have been treated with blood-letting, and we were accustomed to believe ourselves in the way of our duty in so doing, as it was then considered unsafe to administer opium in any form, in the early stages of pulmonary inflammation.

The cases referred to in the report on practical medicine, are those of a *severe grade*, in which a large portion of the pleura or of one or both lungs is involved, and particularly those cases where both the pleura and lung are affected. These cases pass rapidly from the first to the second stage, that of red hepatization of Laennec and to the third or suppurative stage, unless arrested by means of a decidedly active character. The idea that these cases can be cured on the expectant plan of treatment or that the *vis medicatrix naturæ* is sufficient unaided to throw off the disease, is a most palpable absurdity and contrary to the experience of all medical writers of eminence up to the present time, with perhaps one exception, viz.: the *associate editor* of the Buffalo Journal, who thinks it a "misfortune" so to believe.

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Here in New Hampshire such cases are not very uncommon in the cold season of the year, and are easily cured, except in aged subjects and very young children, if properly treated in the first stage. These are the cases that prove fatal in the hands of Homœopathics and other charlatans, unless they act the hypocrite and use our remedies.

Now let us look at the authorities to sustain this position, though, it be a "misfortune" to believe them anything but fallacies. Our first reference is to the Cyclopædia of Practical Medicine, published so long ago as 1845, edited by Forbes, Tweedie, Conolly and Dunglison. It contains a complete summary of our knowledge on all subjects partaining to practical medicine up to that date. It is certainly "behind the age" but may answer to begin with.

In vol. 3, page 618, article Pneuomonia, we find the following: "The prognosis in this disease is always serious, and even in favorable cases must be spoken of with caution, for cases which are slight at first, sometimes take an unfavorable turn."

On page 621 we find the following:

"There are we presume no practitioners in this country who question the superior utility of free blood-letting as early as may be after the developement of theinflammation." On the treatment of Pleurisy at page 589 we find the following: "In the first stage of the disease we should bleed with an unsparing hand from a large orifice and in the manner best calculated to make the spedtest impression upon the system. Should a single bleeding conducted in this way fail to afford very decided relief, we should resort to it again, within a few hours and repeat it at more or less distant intervals according to the urgency of the case and the capability of our patient to hear further depletion."

Our next reference is to Coplands Dictionary of Practical Medicine, an *ancient work* of great celebrity being a complete synopsis of all our knowledge on the subject up to 1846. In vol. 2, page 893, Article Lungs, we read as follows: "In the first and second stages of sthenic Pneumonia or those of incipient inflammatory action, the first stage of Laennec, the disease may be much shortened if not altogether arrested by energetic means, This, therefore, should be the first and chief intention. If at this period the local and constitutional symptoms indicate sthenic reaction, a large bleeding ought to be immediately practiced and repeated as the case may require."

We next refer to Woods Practice of Medicine, a work of some merit and recommended as a text book in nearly every medical school in this country. The edition I have before me is a "little behind the age" having been published in 1855 but as it is the latest, must be made to answer our purpose, and it will be found that he deems it expedient to make about as "furious" an attack on these inflammations as did the writer of the report on practical medicine.

At page 22 of vol. 2, we find the treatment of common Pneumonia, and is as follows: "In persons with vigorous constitutions blood-letting is the most efficient remedy. No disease bears the loss of blood better than well developed pneumonia. This evacuation is called for not only in reference to its effect in relieving inflammation, but also with a view of diminishing the labor of the lungs and thus procuring rest for the diseased organ so far as this is possible. * * There is some reason to hope in this stage of the disease, that we may arrrest its progress by decided measures, * * * Cases occur in which loss of blood is necessary though the pulse does not indicate it." After giving general directions as to the repeated use of the lancet, evacuating the bowels &c., the author says, "very frequently under this treatment the disease will subside and the patient recover without further remedies, but should the disease prove obstinate it will be proper to resort to the mercurial impression. * It is important to push this plan until the gums begin to be affected and then the disease will begin to improve." On page 48 of the same volume we find the treatment of Pleurisy which begins as follows: "At an early period of the disease the lancet should be freely employed. Few diseases bear bleeding better or call for it more strongly than acute Pleurisy. The patient should be placed in a sitting posture in bed, and the blood allowed to flow until a decided impression is made upon the pulse or some degree of faintness is produced. From twelve to twenty-four ounces may be taken at the first operation. The disease is thus not unfrequently arrested or rendered so mild as to be no longer an occasion of solicitude. Should the sharp pain not having ceased or should it return after having been mitigated, the bleeding may be repeated at the time or at the subsequent period of twenty-four hours, and again once or twice more if the pains call for it."

When the old "Fogy" George B. Wood, M. D., wrote this article he not only gave us his own humble opinion, but embodied the sum of our knowledge upon the subject. In addition to these authorities, we have before us all the volumes of Braithwaites Retrospect, embracing a period of seventeen years; also the volumes of the London Lancet, and the American Journal of the Medical Sciences, but find nothing at variance with the above cited authorities, excepting now and then the nervous effusion of some excited Frenchman or some dreamy German whose vagaries are sometimes tried and found wanting, though most French and German authors agree with those of Great Britain and America on this highly important subject.

The writer of the Report on Practical Medicine has often been called to see persons of robust constitution and in the prime of life, in *articulo mortis*, from Pleuro-Pneumonitis treated by various Charlatans without depletion or those other active measures which should be most vigorously applied where the lancet is not used. We have also seen many, *very many* others in the second stage—that of hepatization, which we were so fortunate as to save by affecting them with mercury applied externally as well as internally combined with opium. This course with external irritation, is all we can rely upon in severe cases neglected at first.

If the remarks in that hurried report seem to strike with some force regular practioners whose proclivities are too strong towards an inefficient mode of practice, it is hoped they may be made to remember that there is danger of departing too far from some of the well established principles of our profession, and that it may be as well to be considered "behind the age" by a certain class of men in the profession, as to suffer under the consciousness of having neglected to do what we knew should have been done,.

As these remarks have occupied so much space, I must defer all reference to Peritonitis, Croup, &c., to some other time.

Manchester, Dec. 24, 1857.

W. W. Brown.

(For the N. H. Journal of Medicine.)

ON ABSCESS.

BY A. B. CROSBY, M. D.

(Continued from page 326.)

Glandular Abscess of the Head and Neck.

Intermediate between the head and throat there are certain glands which are liable to take on inflammation resulting in abscess. These glands are the parotid, submaxillary, sublingual, cervical and thyroid. In structure the first three are made up of lobules held together by areolar tissue; the cervical are true lymphatic glands, while the thyroid is made up of a dense parenchymatous structure.

Without doubt an abscess of the substance of a true gland is quite rare. The areolar investment of these glands is, however, very liable to take on inflammation accompanied by the formation of pus. Still the substance of a gland, may soften, and as it were, become infiltrated with pus, it may finally break down altogether, and an imperfectly formed pus is the result. The glands to which allusion has been made are usually termed colorless, their deepest color never exceeding a rose pink.

They are very vascular, and inflammation, to which they are all liable, usually terminates in resolution.

Causes.—Any of the ordinary causes of abscess may act to excite the formation of pus in glands. Again there are certain specific causes that are likely to excite inflammation, but confined in their action to particular glands. Among the general causes may be ranked cold, and direct mechanical injury. The sudden suppression of cutaneous eruptions is sometimes followed by glandular abscess, and an excessive use of mercury has resulted in the same way. The parotid gland is excited to inflame especially by the typhus process, and the mumps. Such an inflammation usually resolves, but sometimes terminates in suppuration.

All the salivary glands may be affected by carious teeth, or by direct chemical irritants. The cervical glands usually inflame only when the system is under the influence of a particular crasis. The great cause of the enlargement and inflammation of the cervical glands is the scrofulous diathesis. Syphilis may likewise be a cause, and the absorption of morbid poisons like those inoculated in the dissecting room.

Of the causes that may excite abscess in the thyroid gland, we know less, since so little is known of the gland and its function.

Symptoms.—In all abscesses of glands the symptoms of inflammation are present with more or less vigor. The salivary glands, when inflamed, present the same general features; there is a tense swelling of the gland accompanied by considerable heat. The skin over the gland is of a dusky red, and there is a dull, heavy pain, sometimes, however, very acute. The symptoms will, of course, present themselves in the region of the particular gland involved, the tonsils are usually swollen and tender. If it is the parotid, or sub-maxillary gland that is in trouble, opening the mouth and deglutition will be difficult and painful. Slight chilliness, succeeded by flashes of heat, is apt to ensue. There is a good deal of depression and rigors are not infrequent, the tongue is coated, and there is anorexia, the urine is scanty and high colored, together with a general heaviness in the feelings of the patient. The saliva is at first much increased, and is thin and limpid, it soon begins to diminish in quantity and becomes quite viscid. The ducts are distended and the fluid finally ceases to escape, in a longer or shorter time pus is formed and begins to make its way to the surface, the fetor of such pus is intolerable. Sometimes the lining membrane of the ducts takes on inflammation and a superficial suppuration is the result; this pus mingles with the saliva and is discharged with it into the mouth. It is rare that the cervical glands suppurate. In persons of a scrofulous habit, however, they may readily enlarge and at times pus is formed.

Such an abscess may be formed in a single gland or a whole chain of them may be affected at the same time. The time necessary for maturing such an abscess, is much longer than for an ordinary abscess.

The skin of scrofulous persons is usually quite thin and transparent, over one of these glandular abscesses it may be deeply reddened, or the inflammation may be so slight that it may be unchanged in color. Under the latter condition the slight swelling and fluctuation will alone give evidence of the presence of pus.

The thyroid gland is probably less frequently the seat of inflammation than any other gland in the body. It is a very vascular organ and from its position we should expect that its morbid affections would be replete with danger.

When inflamed its vessels, which are very numerous, are much injected. The skin is not generally reddened, but the swelling is firm and unyielding. The latter encroaches so much upon the air channel that dyspnœa is the result. This is the most troublesome part of the affection to the patient, and frequently the most dangerous. As the inflammation progresses the parenchymaous structure becomes infiltrated with a serous fluid. Sometimes lymph or blood takes the place of this. Both lobes of the gland may take on the morbid action, but usually only one. At length the substance of the gland begins to break down, and imperfectly formed pus is the result. The progress of the abscess is slow, and it is generally subacute in character. The constitutional signs, in all these forms of glandular abscess, are generally asthenic in type. The powers of the system are much depressed, and pus forms slowly. Sometimes, however, the symptoms are sthenic, consequently it is of the utmost importance that the type of the affection should be decided before remedial measures are resorted to.

Treatment.—The indications for treatment are local and general. If the case is a mild one a warm flannel bag containing elder flowers may be applied over the gland. Soothing and anodyne liniments may also be used. If it is more severe, leeches or cups may be resorted to *pro re nata*. The local treatment, after pus has formed, consists simply in evacuating the contents of the abscess with the knife. As a rule a glandular abscess should be allowed to mature itself fully before an opening is made, it may be that it would be better to allow the abscess to burst of itself. It is certainly less likely to recur and the healing process will be concluded sooner than when the knife is used.

It is to be remembered, however, that the glands under consideration are all of them in exposed situations and if the abscess is allowed to burst spontaneously an ugly cicatrix may be the result. This fact would plead for a sufficiently early use of the knife, if the patient were a man, and if a woman, especially young and pretty, it would imperatively demand it. When then fluctuation can be distinctly made out and before the cutaneous coverings are seriously involved an opening should be made, taking care to avoid important vessels. The knife should, in general, be introduced at the most depending point and at the portion least exposed to observation. By taking into consideration these points, we may hope to avoid deformity.

Some authors have advised the use of escharotics in opening glandular abscess, with a view, not only to effect an opening, but also to excite an healthy inflammation in the part. When the affection is of a low type, with a tendency to gangrene, the caustic potash or some similar agent may perhaps be used with advantage. But in the majority of cases it will be unnecessary to resort to a measure so harsh, and one which will insure deformity.

There are certain conditons when an opening should be made early. Thus if the sense of tension is very great, accompanied by delirium and anything resembling tonic spasms, the knife should be used early and freely.

The character of the poultices used in this form of abscess deserves notice. If the case is a mild one, a simple soothing poultice is all that is required. If there is a tendency to sphacelus an antiseptic poultice should be employed, containing powdered charcoal or yeast. If the powers of the part are low, a stimulating poultice may be of advantage, containing cinchona, and moistened with port wine.

Induration of the gland sometimes remains after the abscess has terminated. This is best discussed by moderate friction with camphorated oil, or, in case of the cervical glands, with a dilute ointment containing iodine; mercurial frictions may also be of service.

Sometimes abscess of the salivary glands is followed by a fistulous opening and the saliva escapes externally. This is a troublesome accident and is to be treated by repeated applications of caustic and moderate compression. The constitutional treatment will of course depend upon the type of the inflammation. If it is sthenic the treatment must be antiphlogistic, if asthenic the opposite plan of treatment must be adopted. The particular crasis will also furnish a valuable indication for the general treatment. When the cervical glands are the seat of trouble, the usual remedies for scrofula are to be resorted to. Iodide of iron, good air, exercise and a generous diet are to be employed as the case requires. Lugol's different solutions of iodine may be employed at times with the happiest effect.

Sometimes the patient drops into a low nervous condition, with a tendency to delirum. The infusion of balm or valerian may be used with advantage. At the same time stimulants like the different preparations of ammonia or camphor should be administered. Nourishing broths, brandy and quinine, are all in order. By a judicious use of such means we may hope to bring the majority of these cases to a favorable termination.

Cases of abscess of the parotid gland are on the whole of rare occurrence. Still enough cases have been reported to establish this as a well marked form of abscess. Good cites several instances of this kind, and one especially which illustrates the length of time frequently consumed in the formation of pus and the rapid manner in which the abscess may terminate.

The patient was a girl of fifteen and the disease had lasted *ten weeks.* After this, as he says, there was "for about a fortnight an evident pointing towards the surface, and a feeling of irregular fluctuation; it afterwards broke, a large quantity of good pus drained away daily and the tumor, which at first was extensive and hard, by degrees very considerably diminished and clustered or divided into lobes and at length disappeared altogether."

At times a protracted abscess like the above terminates in malignant disease and the patient finally succumbs. Abscess of the submaxillary gland is of no unfrequent occurrence.

CASE I.

During the month of June 1857, I was called to see a child eight months of age. The father of the child was a farmer and the mother a strong healthy woman, both residing on the summit of a mountain.

The child had been peevish and irritable for two or three days. Her bowels were somewhat constipated, and the tongue was coated. The child had not nursed well and there was an increase in the frequency of the pulse and the heat of the skin.

There was a firm, hard swelling just beneath the angle of the lower jaw and extending forward beneath the body of the bone. This was on the left side; the skin over the tumor was slightly reddened.

The mother of the child entertained the idea that it was "a scrofulous humor," and evidently considered that the most fell of all diseases. The submaxillary gland was indurated and inflamed; opening the mouth apparently caused pain and the child did not incline to nurse.

A slight laxative was administered and a soft poultice, moistened with a decoction of carrot, was applied. Five days afterwards the child was brought to my office for the purpose of having the abscess opened. Obscure fluctuation could be distinguished but the skin was still hardly discolored. The abscess not being sufficiently mature, it was advised to delay the opening and continue the poultices.

Six days after I again visited the patient and found the tumor quite soft with distinct fluctuation. A double edged bistoury was passed into the abscess just anterior to the facial artery and about two ounces of pus escaped. The remains of the gland were still indurated, and the discharge of pus continued for several days. The patient then developed scarlatina, which ran its course mildly, and terminated in recovery.

Another instance occurred about the same time. A child of ten years was seized with scarlatina anginosa and had the disease with severity. At the end of three weeks the submaxillary glands on both sides took on inflammation which terminated in suppuration.

These abscesses were opened by the knife, a large amount of pus escaped and the child recovered.

Abscess of the sublingual gland occurs about as often as the one just described and does not differ from it materially except in position.

CASE II.

M. P., a young man of nineteen, pursued the occupation of a farmer. In the spring of 1853 he contracted, as he supposed, an ordinary catarrh. He had a slight sore throat, accompanied by chilliness, succeeded by flashes of heat. An indolent tumor soon showed itself upon either side of the pomum adami, the left side remained about stationary, but the right became much larger, firm and unyielding. The skin was not discolored but from the location and the feel of the tumor it was obvious that the thyroid gland was inflamed. Leeches were applied freely but apparently without much effect. Blisters were also applied to the tumor but with the same result. As the swelling increased, the patient was much distressed by dyspnœa. Mercurial frictions were employed; the general plan of treatment being to discuss the tumor if practicable. This attempt failed and poultices were resorted to.

On the fourteenth day of the disease the difficulty of breathing was so great that the patient was threatened with suffocation. Obscure fluctuation could be made out on the right side, but the integment covering the abscess was firm and intact.

The danger from dyspnœa was, however, so imminent that the knife was resorted to as affording the only hope of relief. A bistoury was introduced on the right side at about the middle of the right lobe of the gland. It was passed in to an almost hazardous depth and a large amount of pus evacuated. The relief was immediate and a tent being introduced the discharge of pus continued free and the wound healed. The constitutional disturbance in this case was very great. The pulse was much accelerated, the tongue coated, the bowels constipated and the irritative fever of a grave character.

A prescription like the second on the forty-first page was employed. Later in the disease, however, the symptoms were those of nervous depression and a supporting plan of treatment was adopted. The patient recovered without accident.

This case is a fine illustration of an abscess where an early opening may be essential to the safety of the patient. Nor is dyspœa the only symptom which should demand a sufficiently early resort to the knife. If the case is protracted and fluctuation can be distinguished even obscurely it is better to make an opening early.

A case occurred in the practice of my grandfather, Dr. Asa Crosby—who formerly practised in New Hampshire—which is significant in this connection.

A young girl had an abscess of the thyroid gland. The symptoms were severe but apparently not sufficiently so to warrant an early use of the knife. Suppuration was, at length, fully established, but the pus had failed to make its way to the surface. An opening was made and a quantity of pus escaped.

The wound did not seem inclined to heal, and an attempt was made to inject the cavity of the abscess. A solution of nitrate of silver was thrown in and the patient was immediately seized with a violent fit of coughing with dyspnœa, and seemed on the point of strangling.

The larynx had been opened by ulceration, the pus had escaped slowly in this way and had been expectorated. The nitrate of silver made its way directly into the larynx and excited the symptoms before mentioned. The wound finally healed, but only after much annoyance both to the physician and patient.

UPON IMPROVEMENTS ON METHODS OF RENDERING MEDICINAL PREPARATIONS, PLEASING TO THE EYE AND TO THE TASTE, AND AGREEABLE TO USE.

By Frederick Stearns, of Detroit, Mich.

Next to efforts in the advancement of pharmaceutical skill and science, which secure increased efficiency to medical agents, there are none which meet the more ready appreciation of the physician, or insure the grateful remembrance of the suffering invalid, like those which tend to relieve the remedies employed of all repulsiveness; in form, appearance, or taste.

While I am unable, from my own knowledge, to offer as much of value to the Association as could older and more experienced members, yet I submit the following *random* notes, and express the hope that some more skillful pharmaceutist will be appointed to report upon the same subject at our next meeting.

The administration of the officinal vinegars and dilute mineral acids, is rendered more agreeable by the addition of small portions of alcoholic solutions of any of the flavoring essential oils, lemon, wintergreen, pimento, Ceylon cinnamon, etc., or of spices; sugar, when not contra-indicated, is also an allowable adjuvant.

The popularity of the elixir of vitrol over the dilute acid is owing to its agreeability to the taste; dilute phosphoric acid should have added to it a solution of the essential oil of the sweet orange.

Comp. tinct. cardamom, concent. infus. of rose, are excellent additions to medicated acids or vinegar, covering a portion of their taste, and imparting an agreeable color.

Prussic acid is best given in syrup of marshmallow. Lactic acid, which is now coming into use as a remedy for dyspepsia, indigestion, etc., is made into an agreeable drink with water, sugar and essence of lemon; it is also eligibly exhibited in the form of a pastill, in which form, also, the oxalic, tartaric, tannic and citric acids are most available.

Inert powders, or those which are comparatively so, it is said, can be made to produce a medicinal effect much quicker by long trituration with sugar or milk; in the case of ipecacuanha or of opium, this effect is rendered much greater; long trituration of calomel with the same substance, renders minute doses of it equal, in rapid and permanent effect, to quite large ones of the drug administered in the ordinary way.

Tasteless powders should be administered with aromatics, the milder spices, Ceylon cinnamon and the like; astringent powders can in this way be rendered less unpleasant.

Cane sugar, well dried and reduced to the finest possible state of division, by long trituration in a mortar, is an elegant vehicle in which to administer the alkaloids, and their salts, quinia, morphia, etc.; the *modus operandi* is as follows: instead of triturating the medicine and sugar together, mix the dose in its crystaline state, (without breaking it up,) by means of a spatula on a piece of paper, with a sufficient portion of the sugar previously powdered. In this way each crystal becomes enveloped with a dust of saccharine powder, and when placed upon the tongue and washed down with a draught of water, leaves nothing upon it but the sweet impression of the quickly dissolved sugar.

Mr. Maisch reccommends the administration of the saline powders, ammonia salts, iron salts, potassa salts, etc., in effervescing draughts, by which their bitterness or pungency is in a great measure overcome. Those pharmaceutists who furnish "mineral" or carbonic acid water, possess the means of administering many similar substances, in an agreeable manner; a "Seidlitz" is in this way administered without the necessity of giving an extra dose of tartrate of soda.

By an improvement in the processes of capsulation, the most volatile substances, ether. chloroform, turpentine, are now best administered in capsules of gluten; these are imported from France, and the "Perles d'Ether" of M. Clertan are certainly among the most beautiful and finished of the pharmaceutical productions of our accomplished co-workers, the French pharmaciens. Each capsule contains about five minims of ether, the empty capsule weighing but about two grains.

There is no reason why our list of officinal syrups should not be greatly extended, from the fact that sugar is an excellent preservative of the medicinal virtue of plants, proper regard being paid to the separation of the inert maters which excite fermentation; its agreeability as an excipient renders it grateful to the invalid; the cloying effect of syrups can be counteracted by the addition, at the time of using them, of some pleasant vegetable acid or acid syrup.

Many of the non-officinal fluid extracts, now so popular, could be converted into concentrated syrups by replacing part of the hydro-alcoholic menstruum with sugar.

I have in this way prepared, successfully, syrups of blackberry root, ergot, buchu, blood root, black cohosh, capsicum, cranesbill, golden seal, hyoscyamus, horehound. lobelia, sculcap, yellow dock, etc.

Unless alcohol is desirable in fluid extracts, from a therapeutical point of view, it seems to me obvious that sugar could with advantage replace alcohol in nearly all the non-officinal fluid extracts, concentrated tinctures, etc., intended for internal use. A syrup of lime has been introduced as a substitute for lime water, it being a much more concentrated form of lime solution.

The phosphates are most eligibly exhibited in the form of syrups, particularly the phosphate of lime; a syrup composed of a solution in phosphoric and muriatic acids of the phosphates of soda, potassa lime and iron with sugar, and pleasant flavoring has come into general use, I believe, in some of the Eastern cities, particularly Philadelphia; it is used in consumption and dyspepsia, and from its elegant appearance and pleasant taste seems to be an eligible preparation.

A tincture formed by macerating the bark of Prunus virginiana in rum, is an agreeable addition in the way of flavor to our officinal concentrated syrup of sarsaparilla. The U. S. syrup of Prunus virginiana I have found to be one of the most delightful of adjuvants to cough mixtures; it is also an elegant vehicle for the administration of the most powerful anodynes, etc., used in pulmonary complaints; prussic acid only serves to give increased flavor of the cherry to this syrup when given in it.

I have found a syrup of roasted coffee excellent in covering the taste of quinia, morphia, etc., An infusion of roasted coffee is valuable in covering the taste of Epsom salts, senna, and of many bitter infusions.

In many extemporaneous mixtures, a syrup prepared from the essential oil and peel of the sweet orange, is agreeable as an adjuvant.

If pharmaceutists would generally prepare their syrup of ginger and tolu after the method of Mr. Finley, as published in the 23d vol. of the American Journal of Pharmacy, I think they would not have cause to regret the change from the turbid, inelegant ones of the U. S. P., to the beautifully transparent and strong ones prepared by his method.

Strong fruit syrups, prepared by dissolving with as little heat as possible, 2 lbs. troy of refined sugar in the expressed juice of any fruit or berry, make delightful adjuvants to numberless extemporaneous prescriptions of the physician; they are agreeable additions to effervescent draughts, and are best for flavoring mineral water syrups.

Syrups of Iceland moss, Irish moss, marsh-mallow, horehound, acacia, liquorice, liverwort, etc., are favorites in certain localities as cough remedies; infusions of the same with gum and sugar are formed into pastes, similar to jujube, and meet with ready sale.

Confections, though considered in their ordinary forms as agreeable methods by which to administer medicines, are improved by introducing the proper dose of any one of them into figs or dates, and prunes freed from their stones.

Jellies of raspberry, current, quince, blackberry, etc., are nice for disguising the taste of powders when given to children. A little jam or jelly very nicely covers a bitter pill, for those who have a peculiar aversion to swallowing them.

Among the multitude of purposes for which pure glycerin is becoming available, its use as a solvent and preservative in pharmaceutical manipulations is most important; there seems to be scarcely a fraction as yet developed of the uses to which this wonderful substance can be applied in pharmacy.

Its solvent power, in most cases, equals that of alcohol or water, being sometimes even greater.

By mixing it with alcoholic or aqueous solutions, which are liable to change, they are thereby rendered permanent. Solutions of vegetable matter in it do not change or ferment.

It does not itself become rancid, and from its viscidity it can be used instead of cerate or oil as a vehicle for many snbstances used in embrocations.

The disagreeable sulphurets are soluble in it, and their solutions are among the most available methods of administering them; iodine and its salts, are disolved by it.

Liq. iod. iron, syr. iod. iron and manganese, syr. iod. xinc, prepared with glycerin are recommended as elegant and eligible.

Escharotics of the deliquescent kinds are rendered particularly available in solution in glycerin, their action is much more contrelable, and as the glycerin does not dry, their action is more persistant. The terchloride of antimony (cryst.) iodide and chloride of zinc, nitrate of mercury, chromic acid, etc., are among those suitable to use in glycerin. It forms solutions of the deliquescent salts, of the sulphate of potassa and soda, of the alkaline chlorides, and even of oxide of lead.

The salts of the vegetable alkaloids can be exhibited, dissolved in this substance, as embrocations or otherwise. It will dissolve bin-iodide of mercury in sufficient qnantity, so that 1-2 teaspoonful will contain a sufficient dose. It is useful in emulsions, of copaiba and of oils; it aids in covering the taste of the nauseoue ingredients.

It is suggested to use glycerin on account of its superior solvent power over fat or oil in the extraction of the active matters of the leaves of savin, stramonium, cicuta, dulcamara, elder, tobacco, etc., in place of the cerates as now prepared from these plants. It is superior to oil in imparting flexibility to collodion. Its preservative power is available for the preservation of vaccine lymph, the recent dry scales of which can be dissolved in it and kept unchanged for a length of time.

It is proposed that it be substituted for sugar in some of those medicinal syrups which are so liable to ferment. The properties attributed to it as a fattener would give additional value to it as a vehicle for ague remedies, as in syr. ipecac., syr. scillæ comp. Its bland and soothing properties when applied to the skin in an irritated or inflamed state, have caused it to be much used therefor. And I have seen numerous creams, balsams, lotions, etc., prepared from it by various pharmaceutists, many of which exhibit skill and taste.

The lozenge or pastill has become so common a form in which to exhibit medicinal substances, powders, extracts, juices, essential oils, etc., that I shall notice herein only the following: The efficiency of santonin as an anthelmintic has given rise to its extensive employment in the form of a bonbon or lozenge, delicately flavored, and rose colored; it forms in this shape by far the best and most eligible "worn lozenge" extant.

The preparation termed "Lactinates" find some favor among medical men; they are simply saturated tinctures of any medical plant, inspissated upon cane sugar, or sugar of milk. The applicability of this process depends upon the active principle of the plant not being decomposed by the necessary heat employed in preparing them. I have prepared lactinates of sanguinaria, ipecacuanha, hyoscyamus, digitalis, which possessed perfectly the characteristic odors and properties of those medicines.

Homœopathic globules are made of flour and cane sugar, not of milk sugar, and why can we not learn from the infinitesimal dose-givers something? These pellets (the largest of those they use weighs 1-4 of a grain) could be made of any size, and when medicated by means of concentrated alcoholic solutions of the more powerful alkaloids, would prove a very agreeable method of administering them.

The usual methods of rendering pills less repulsive by means of coating them with gelatin, gold or silver foil, dried mucilage of linseed, seems to be far superseded by the new and elegant method introduced by French pharmaceutists, by which they are covered with gluten and sugar. *Odor* and taste are destroyed by converting them into bondons. By this new method the odor of assafetida is entirely covered, and the most bitter dose rendered palatable. Extracts, all of the officinal pills and others, several decomposable salts, many of the alkaloids, cubebs, copaiba, astringents, etc. etc., are prepared in this form. Those I have seen are from the house of Garner, Lamoreaux & Co., Paris, and are striking evidences of the superior skill of the French pharmaciens.

The preparation of an unalterable pill of iodide of iron after the formula of Blancard, pharmacien of Paris, has attracted considerable attention. I have prepared these pills for nearly two years, and they have become very popular among my medical friends. I now substitute an ethereal solution of mastic for one of tolu, with advantage in coating the pills as it dries quicker; the varnished pills are not apt to adhere, and the medicinal effect of the mastic aids that of the iron.

A pill or bonbon of oxydized balsam copaiva under the title of "Copahine Mege," has found much favor lately with physicians. They have the appearance and taste of sugar plums, and consist of copaiba (which has been heated in contact with nitric acid) covered with sugar, colored and flavored. They agree well with the stomach, and seem to produce the curative effects of the copaiba quicker than when it is given by the ordinary methods.

Lycopodium, which costs but a very little more than the best powdered liquorice root, is to my mind much more elegant to use for keeping pills from adhering to each other, than any other powder. Powdered althea root is also used for this purpose.

French Pharmaciens who exhibit the greatest skill and improvements in that department of pharmacy of which this paper treats, have brought the process of capsulation almost to perfection, as exampled by the manufactures of Raquin, Clertan and Mathey Caylus, in which copaiba alone, or its various compounds with cubebs, with astringents, etc., the turpentines, ether, essential oils, and numerous other substances, are enveloped in a thin, tasteless and inodorous covering of the gluten of rye flour, of a size favorable to easy deglutition, and yet containing a sufficient dose of each. The filling of them is so perfect that they contain no air bubbles, and the empty capsules weigh only from 1 1-2 to 2 1-2 grains, whereas the gelatin capsule weighs nearer 10 grains.

The empty capsule, another French idea, although now made largely in this country, consists of two short, thin cylinders of gelatin, closed at one end, and sliding one over the other at their open ends. These are made of several sizes, and all that is required in order to use them is to fill the smaller cylinder with the medicine, whether solid or liquid, place the other over it, and, having allowed it to soften in the saliva, it is as easily swallowed as a morsel of bread.

The tasteless French wafer is another method of taking powders; they are made white and tasteless, diameter about 3 1-2 inches, and are used by moistening the edges of the wafer with saliva, placing the powder in the center; and folding the edges over the center thus enveloped, the medicine is taken without being tasted.

Numberless methods are proposed for covering the taste of cod liver oil, none of which are so simple and free from objection as that of chewing some bitter substance. as orange peel, previous to taking the dose. Emulsions of cod liver oil are elegantly prepared by means of carbonate of potassa, orange flower water and syrup. Many physicians prescribe cod liver oil in brandy, which tends to cover its taste and aids its medicinal action.

Castor oil is not improved in medicinal action by most of the methods used to disguise it, and the method of giving it floating between spirit and water is doubtless the best, which is as follows: in a proper cup place an ounce or two of mint water, milk or cold infusion of coffee, and having thoroughly wet the sides of the cup with it, pour the dose of oil carefully into the center of it, pour upon this a little brandy or any agreeable alcoholic tincture; the oil thus prepared can be swallowed without its touching the mouth at all, being completely enveloped by its aqueous and alcoholic vehicle. The essential oil of spearmint possesses the power of covering the taste of copaiba, in emulsions of that substance, in a remarkable degree.

Since fluid extracts were made officinal by the last revision of the United States Pharmacopœia, the number of plants which have been found eligible when used in that form has greatly increased. Messrs. Tilden & Co., now prepare over one hundred varieties of fluid extracts; they have the advantage of being concentrated fluid representations of plants with but little alcohol; and in very many of those now preserved by means of alcohol, sugar might with advantage be substituted for that purpose.

Among the non-officinal extracts, those of arnica, blackberry, cranesbill, ginger, buchu, dandelion, dandelion and senna, hyoscyamus and sarsaparilla compound I consider especially eligible, and there is no doubt but that there are many other plants which experience will prove to be most valuable in the form of fluid extract.

I have had occasion to prepare, during the past year, several *saturated* tinctures, as some physicians think them less variable, and require much smaller doses. In preparing them I have used a considerable excess of the dried material over and above the amount calculated that the menstrum can exhaust. This method is wasteful, and is only applicable to local prescribing, and when the effects of such preparation can be closely watched.

I have prepared as above, saturated tinctures of bloodroot, belladonna, henbane, lobelia, digitalis, conium, etc.

The compound tincture of cardamom is one of the most elegant ot adjuvants to mixtures of tinctures, etc., known.

Most pharmaceutists color their essences or alcoholic solutions of the essential oils of peppermint, spearmint, pennyroyal and the like, by means of curcuma. Now by placing a small portion of the dried plant, from which the essential oil is obtained, into the solution of oil previous to filtration, a color is obtained which is much more natural. A few red rose leaves impart to essence of winter-green a more delicate color than saunders or cochineal.

The infusion of rose leaves forms a judicious addition to many extemporaneous mixtures, owing to its power of disguising taste, and to its beautiful color.

The modern idea of preparing extemporaneously, and taking infusion of quassia, by drinking water from goblets made of quassia wood, has already become obsolete.

In the preparation of cinnamon water, the essential oil of the true or Ceylon cinnamon should always be used, as it produces a medicated water of delightful flavor and agreeable odor.

Of late years the ligneous portion of slippery elm bark, which is separated when this bark is ground from the mucilaginous portion by bolting, has been used much for cataplasms in place of linseed meal, bread, etc.; it is cleanly and sweet. There is an article called spongio piline, imported from England, made of a mixture of wool and sponge attached to a thin, but strong sheet of rubber. It is used by simply wetting a piece, cut to the size wanted, with water (warm or cold;) the impervious rubber keeps the moisture from evaporating. Infusion of tobacco, belladonna, or any anodyne or narcotic, can by means of this substance be eligibly applied externally.

Ointments when prepared extemporaneously upon prescriptions, should have used in them as a vehicle for the action of remedies, only the sweetest of lard or suet, or else use perfumes to cover any disagreeable odor it may possess. A cerate of wax and oil, the ungunentum aqua rosæ and glycerin cerate, are eligible vehicles for powerful substances exhibited in ointment. These should be prepared of various degrees of hardness, so as to correspond with the prepared lard, spermaceti and simple cerate of the United States Pharmacopœia.

Cantharidin tissue, blistering taffeta, cantharidal collodion, solution of cantharidin in oil, solution of cantharidin and pure gutta percha in chloriform—all these form new and popular substitutes for the ordinary blistering cerate.

I have been in the habit of preparing for some medical friends an embrocation which is used for piles in place of the nutgall ointment of the Pharmacopœia, prepared by dissolving *one half* drachm of hyd. alc. extract of tobacco and *one half* drachm of tannin in *two fluid ounces* of glycerin.

Hat Case—a sort of oil cloth—forms a useful article in spreading plasters; it is very flexible, accommodating itself to any inequalities of surface, and does not allow the material spread upon it to penetrate its substance so as to show upon the reverse side.

It seems singular that Vallet's mass of proto-carb. iron should not be more generally employed in place of many other more expensive and less eligible forms in which iron is exhibited; its pleasant taste, ready acceptability to the stomach, and efficiency even in small doses, its easy preparation, all render it valuable to the physician and profitable to the pharmaceutist, and yet there are but comparatively few pharmaceutists who prepare it at all.

Lactate of iron is, perhaps, best exhibited in the lozenge form. I have noticed an elegant pastil of lactate of iron of French make, which are sold by importers.

The oil or butter of the cocoa nut is an elegant vehicle for the preparation of ointments, on account of its snow white color and agreeable odor. It is less liable to become rancid.

The butter of cocoa, or the chocolate nut, is used sometimes for enveloping pills; also for making suppositories.

Although there seems to be much difference of opinion among English pharmaceutists concerning the value of *concentrated* infusions, as compared with those prepared by the officinal methods, there is one thing certain, that from the ease with which the concentrated ones are kept, in spite of their not becoming officinal, they will be thus prepared and kept by most pharmaceutists.

Of all saline aperients and cathartics the solution of citrate of magnesia seems to have reached the popularity due to it as the most agreeable ever invented. Its use is yet somewhat confined to the larger towns and cities. Though from the improvements made in its preparation, so that it is permanent, it can be kept any length of time and easily transported to any part of the country.

A dry and soluble citrate of magnesia prepared after the method of Robiquet and mixed with flavored sugar, bi-carb. soda and citric acid, forms a portable and exceedingly pleasant aperient salt for travellers to carry.

The French put the soluble citrate of magnesia up into pastils, each of which contains one gramme of the salt.

The fluid magnesia of Sir James Murry is easily prepared by any pharmaceutist possessed of an apparatus for making mineral water. This bi-carbonate is an eligible ant-acid, much used by the English; it is aperient in large doses, its carthartic effect being enhanced by drinking it with a portion of syrup of citric acid, by which a portion of the bi-carbonate is converted into citrate of magnesia with the escape of abundance of carbonic acid gas; it is drank while effervescing. The fluid magnesia is recommended as a vehicle for bitter infusions, covering their taste, etc. It forms an elegant ant-acid and stomachic cordial for infants—used to prevent their food from turning sour upon their stomachs, and as a gentle carminative in place of solutions of opium—when prepared by adding to it a small proportion of the essential oil of anise, caraway and fennel dissolved in alcohol, water and sugar.

The French administer sulphur internally in the form of a pastil, each of which contains 10 grains of sublimed sulphur.

As phosphorus readily dissolves in glycerin, this solvent is recommended as a fit substance in which to exhibit it.

The principle objection to the valerianates—their odor—may be overcome by using with them almost any highly flavored essential oil. Oil of gaultheria succeeds well among others.

Numerous other ideas suggest themselves to me illustrative of the subject matter of this article, but the amount written warns me to close; and, in conclusion, I would remark, that every pharmaceutist possesses within himself the ability to add a mite or more to the general knowledge of our profession, and that it is his duty to impart that knowledge for the benefit of the whole, and while it seems evident that but a small portion of the inherent skill and taste of the *American* is exhibited in perfecting the agreeability of our pharmaceutical preparations, yet, as a progress in this department of our art is daily being made, we may reasonably hope, at no distant day, to successfully rival the productions of other arts and professions in beauty and attractiveness.—*From the proceedings of the American Pharmaceutical Association*—1857.

NEW VIEWS ON THE PHYSIOLOGY OF THE LARGE INTESTINE. *By* M. F. COLBY, M. A., M. D., etc., *Stanstead, C. E.*—It is now more than eighteen months since I discovered the error in the received physiology of the function of the large intestine, particularly in that part of it called descending colon, sigmoid flexture and rectum. Every day's observation since has confirmed me in the correctness of my views. Although I have not been able to engage in general practice, 1 have had numerous opportunities of testing them as to their bearing on pathology. The knowledge of the true function of the descending bowel does away with all the uncertainty complained of by medical men as to the effect of cathartics, and more particularly of enemas, in many cases. A discussion took place in the Westminster Medical Society in 1833, which is reported in the London Lancet. The discussion developed, one fact, that there was a consciousness among all present that there was something not satisfactory in the received physiology; which led off the question to the anatomists present, whether there was anything in the anatomical structure of the descending bowel which could operate as a valve?

I can demonstrate the received physiology of the function of the descending bowel to be untenable, and that it implies the charge that the Creator has left a defect in the organization of a particular part, which renders it inadequate to the performance of the function assigned it. My new physiological doctrine recognizes two distinct apparatuses, each possessing peculiar and distinct functions over and above what is recognized by the old system. These functions were supposed to pertain to that apparatus called the large intestine, and heretofore assigned to the function of organic life, assisted by the voluntary co-operation of the abdominal muscles.

As to the purport of my new physiological doctrine, I quote from lectures which I am preparing illustrative of the subject, the following recapitulation:—

1st. I assume that the organic function of the colon ceases at its left transverse extremity.

2d. That the portion called descending colon and sigmoid flexture has a separate and independent function.

3d. That this portion of the bowels is anatomically inadequate to the performance of the function heretofore assigned it.

4th. That this portion constitutes the link between the animal and the organic life.

5th. That although it is to a certain extent subject to the will, and can be brought into action at any moment by it, yet it has an independent instinctive life which gives it an influence and a power which neither its organic or animal life could give it.

6th. I assume the name of *curator* as proper to express its functions; and as it is a dualite acting under its instinctive life, at times in a separate capacity, I give the name of *curator superior* to that portion above the superior spinous process of the ileum, and which for the time is devoted to the functions of organic life; and *curator inferior* to the portion below, usually called sigmoid flexture —this for the time being devoted to the functions of animal life.

7th. That the *curator*, when acting as a unit, occupies the post of observation between the two lives. That it takes cognizance of the time when the digestion and the nutritive absorption is completed in the small intestine; that it then opens the ileo-colic valve, and at the same time by a suctive and expansive action it takes the fæcal matter from the transverse colon and conveys it to the rectum, which it aids the levator ani muscles to raise, and by a divergent action of its two longitudinal muscles it opens to receive the same. The *curator* by its instinctive power, recognizes the fitness of the rectum to receive and expel the fæcal matter simultaneous to the opening of the ileo-colic valve; it also at the same time brings into action the abdomnal muscles, by which the contents of the small intestine are pressed forward to supply the place of the refuse matter removed from the colon. Its office is therefore not only prehensible in taking the fæcal matter from the transverse colon and conveying it to the rectum, but it exercises the conservative function of keeping the ileo-colic valve closed till such a time as the absorption of all nutritive matter from the contents of the small intestine renders its closure no longer necessary.

8th. That the rectum is part of an apparatus which I call rectal, and which is wholly under the domain of the will; that it exercises the function of defæcation, and aid in that of urination and parturition. In its anatomical structure it is analogous to that of the upper part of the digestive tube, with the difference of the reversion of the sphincters. It consists of the strongest muscular portion of the bowel; the rectum, with its muscle; the two sphincter, the levator ani, the coccygei etc. The same looseness of the cellular tissue, which connects the muscular coat of the œsophagus, is found between these coats of the rectum.

9th. That the power of the will extends over that part of the digestive tube which extends from the mouth to within two or three inches of the cardiac orifice of the stomach; so also the power of the will extends from the external sphincter ani to within two or three inches of the left transverse extremity of the colon.

10th. That the rectum in that abnormal state which results from phlogosis of its muscular coat, has its contractility exalted so as to cause it to act antagonistically to the *curator*. This is the most frequent cause of constipation and its consequences. When this contractility becomes spasmodic this resistance leaves the *curator* to the mechanical forces—hence results accumulations and detention of its weakened side walls. It is this abnormal state of the most sensitive part of the digestive tube which fills hospitals with lunatics. It is also in this state that the *curator*, by its instinctive life, acts as a dualite by a peculiar transposition which gives it a great power in overcoming the resistance of the rectum.

11. The ileo-colic valve may have its functions suspended by local disease, as well as by peritoneal inflammation; but the most frequent cause is the suspension of the function of the *curator*, which may arise from antagonism from the abnormal state of the rectum, or from a phlogosed state of its own mucous membrane. A sudden closure of the valve would cause tympanitis, ileus or strangulated hernia. A weakened or too active state of the valve would result in emaciation from the premature passing of the nutritive matter. —*Montreal Med. Chron.*

YELLOW JESSAMINE. (*Gelseminum Sempervivens.*)—" A planter of Mississiippi, while laboring under a severe attack of billious fever, which had not yielded to the remedies used, sent a servant into his garden to procure a root, and prepare an infusion of it for him to drink. The servant, by mistake, collected the root of the Yellow Jessamine, made an infusion of it and gave it to his master to drink. Soon after swallowing some of it, the planter lost his muscular power, so as to be unable to move a limb or to raise his eyelids; while he could hear and feel and exercise his usual faculties as in health. His friends became much alarmed at his great prostration; but after some hours he recovered his muscular powers, and was highly pleased to find himself free from fever. He soon learned from his servant what plant it was from which he obtained the roots; and trying its effects upon the people of his own plantation and those of his neighbors, he ascertained that he had a valuable remedy for fevers. Thus was a new remedy introduced to the world by pure accident."

In fever it is extensively used by the Thomsonians, and is the active ingredient in several quack medicines, as the "Electrical Febrifuge," "Speed's Fever Tonic," Missisippi River Tonic," etc.; by many physicians experienced in its use it is considered little inferior to quinine.

While various virtues are ascribed to it by many, all are agreed upon its sedative and narcotic properties. As a sedative, it is deemed superior to either digitalis or veratrum viride, and although not so powerful as the latter, it is yet more safe and managable, and often times more applicable, from the fact that it neither causes nausea, nor acts upon the bowels. It acts chiefly upon the sensory ganglia, spinal cord and voluntary muscles, leaving entirely unaffected the intellectual faculties. It reduces the circulation and frequency of the respirations, promotes prespiration and the secretions generally, and while it relaxes wonderfully all the muscles, it relieves by its action on the general system all sense of pain. "Under its influence restlessness is soon succeeded by calm repose, and the excited frequent pulse tempers down to tranquility. These favorable impressions must be secured, however, by a frequent repetition of the dose, as its effects are not very durable, wearing off in two or three hours." From a full dose, intoxication, langour, dizziness, double vision, and inability to raise the eyelids result; from an overdose, complete muscular prostration and death.

Dr. J. A. Mayes, to whom these extracts are due, says, "I esteem it a most valuable adjuvant to other treatment, in all cases where high arterial action exists, in which it is desirable to lessen the frequency of the pulse, and to calm excitement, and where, as in the case of injuries, it is desirable to lessen the irritability of the nervous system; also in that troublesome hysterical exaltation of the nervous sensibility, so often met with in enervated females, its value cannot be too highly estimated. In short it is a specific for no particular disease, but an admirable adjuvant in the treatment of nearly all, bringing about in the system a state of repose favorable for obtaining the full action of other and more radical treatment."

The root contains a dangerous resinoid principle, readily soluble in strong alcohol, but not in dilute liquor or water, while the sedative properties are fully so.

Dr. Mayes recommends the following formula: "Four ounces of the fresh root, chipped small, to one pint of dilute alcohol; macerate for fourteen days." The dose of this tincture for adults is from twenty to fifty drops, repeated as often as required.

Dr. J. Douglas regards it as almost a specific in gonorrhœa. He has found it a most uniform, speedy and permanent cure in all the numerous cases which he has treated. He gives a tablespoonful night and morning, of a tincture made by placing a handful of the root in a bottle of whisky; after a few doses its narcotizing effects are strongly marked, and the beneficial results immediate.

The whole of this plant, flowers and root, possess the same medicinal virtues.—*Charleston Med. Jour.* S. C.

AN INTERESTING CASE IN MECHANICAL SURGERY.

Having occasion to call at the office of Messrs. Palmer & Co., 378 Broadway, recently, our attention was invited to the case of a young man, Matthew Palmer, from the Westchester Poor House, who had suffered the loss of both limbs by railroad accident; one limb having been removed by amputation at the middle third of the thigh, and the other at the lower third of the leg. Until recently, such cases have been regarded as past help. The first instance of a successful adjustment of artificial legs in such a case, was performed by Messrs. Palmer & Co., in 1852, for Mr. J. S. Sanford, of the Massachusetts General Hospital. He is now in active business—an employee on a New England Railroad, and never uses but one cane, and ofttimes not any. Matthew Palmer, at the time we saw him, was weak and trembling, not having fully recovered from the shock of the accident and operation and had had a pair of legs adjusted to his stumps only three days; and yet it was marvelous, the ease and naturalness with which he walked about the house, with the slight aid of two canes, and also the manner with which he ascended and descended two long flights of stairs, which he was in the habit of doing several times in the day, and unaided. Such mechanical operations, (for no case seems to be beyond their skill to treat successfully,) conducted on strictly scientific and anatomical principles, and with due attention to the pathological condition of the truncated portion of the limbs, are truly interesting, humane and praiseworthy, and should command the approbation and countenance of every intelligent professional man; and what adds to their merit—such cases, destitute of pecuniary means, are never disregarded.

We feel that it is due to the practice of surgery—to humanity—that the inimitable operations of Palmer & Co., should not be lost sight of or slightly considered by the profession. That no charlatan, alike ignorant of science, anatomy, pathology and art, who may have had a few days' practice with tools in their workshop, should be tolerated when he presents as a rival operation a coarse imitation of the beautiful appliance of Palmer's leg, with some trivial or detrimental alterations to evade the process of law, and which he has the effrontry to term an improvement. That Palmer's limb may in some minor respect be susceptable of improvement, is very probable; but as a whole, the award that was given to it by such experienced and enlightened surgeons as Messrs. Lawrence, Green, Ferguson, Brodie, Roux, Lallemand, &c., of London and Paris, over every appliance of the kind in Europe, and that of a similar class of men in these United States, should be sufficient to inspire the profession and the public with unmeasurable confidence in the superior and philanthropic operations of Messrs. Palmer & Co. As an evidence of their enterprise, they have houses at 376 Chestnut street, Philadelphia, and 19 Green street, Boston, in addition to the one at 378 Broadway, N. Y.—*Am. Med. Gazette.*

Cholera.—This fell disease has once more made its appearance in England; and there can be no doubt, if it be true to its antecedents, that it will visit the shores of America during the course of the approaching summer. Should it do so, it will again find us unprepared, and the usual mortality and panic will be the result. Six months previous to the outbreak of the cholera of 1854, we warned the authorities of its approach, and urgently advised the adoption of measures calculated to arrest its progress and disarm it, in a measure, of its power. Our warnings, however, were unheeded, and a mourning community were insulted by the solemn mockery enacted by short-sighted and incapable officials, in the great activity displayed to check the progress of an epidemic which had gathered its victims, expended its power, and was already rapidly on the decline.

During the week ending Saturday, October 17, there were registered in London four deaths from cholera and choleraic diarrhœa; whilst in the West Ham district, there occurred seven deaths from the same diseases. During the week ending October 24, six deaths from cholera and choleraic diarrhœa were registered. It is to be hoped that these cases are merely sporadic, for not a year passes without a few deaths from cholera occurring in London. Some of those recorded, however, appear to bear an epidemic character.—*Medical Chronicle.*

Good Effects of Guaiacum in Cynanche Tonsillaris.—Dr. Brinton has been treating several cases of cynanche tonsillaris, at the Royal Free Hospital, on what he informs us has been his usual plan for many years—a plan so simple and so efficacious as to deserve mention. He regards the tonsils as an offshoot of the intestinal canal, and considers that not only is constipation, in most cases, an element of the malady, but that, on the above view, the inflamed structures are best relieved by free purging, and perpetual gargling and fomentations with hot water. For the first of these indications, he relies chiefly on powdered guaiacum, which he gives in large (one scruple to one drachm) doses, every four hours; often in combination with opium, aloes, and jalap, and suspended in mucilage. He finds that if commenced early, this treatment generally averts all abscess, and even later, rapidly removes the malady, while it allows of a rapid recovery, very unlike the long convalescence which often follows bleeding, blisters and tartar emetic.—*Lancet.*

NEW HAMPSHIRE JOURNAL OF MEDICINE.

MANCHESTER, JANUARY, 1858.

A New Volume—The Eighth Year.—With the present number we enter upon our eighth year. Never could a Medical Journal maintain its existence under more unfavorable circumstances. Without the aid of any body of men it has struggled its way along year after year to the present time.

Published as it is in the very centre of New England it lacks all those adventitious aids to success possessed by our more fortunate contemporaries. Nevertheless, we have been sustained by the best part of the profession at home and very many honored names in other states. Having their aid and countenance we have been encouraged to go on year after year till the present time. Whether our determination to still go on is wise time only can determine.

In aid of our effort to sustain a Journal in New Hampshire we ask the aid of New Hampshire physicians. No one but can spare a dollar a year, and we can safely promise him a large return for his money. We do not propose to supplant the larger journals, but to fill a corner which would otherwise be unsupplied. We respectfully ask our readers to make an effort among their neighbors to increase our list of subscribers. And we would ask any physician to whose notice this may come if he can better employ a dollar than to send t to us for the Journal.

DEATH OF DR. ARIEL HUNTON.—In a letter which we received from Dr. Hunton sometime since, he gave such an account of his health as fully prepared us for the announcement of his death lately made to us by a member of his family.

Just as we go to press we have received the following sketch which gives the most prominent points in his biography. Very few men have conquered greater difficulties and embarrasments in early life than Dr. Hunton:

DR. ARIEL HUNTON, died at Hydepark, Vt., on the 25th of November, aged 68.—Dr. Hunton was the son of Nathaniel Hunton and was born at Unity, N, H. in 1789. His education was obtained at a District School and a two terms' attendance at Charleston Academy. He studied Medicine with Dr. Howard, of Springfield, N. H., and commenced practice at Grafton, N. H., in 1814, where he remained 4 years, and then removed to Hydepark, Vt., where he enjoyed an extensive practice till his death. He was especially distinguished as a Surgeon and Obstetrician. He also acquired quite a reputation as a Botanist and Geologist, and collected a large and choice collection of Mineralogical specimens.

The honorary degree of M. D. was twice conferred upon him—in 1835 by the Vermont State Medical Society, and in 1855 by the Eclectic Medical Institute of Cincinnati, Ohio. In 1847 Dartmouth College conferred upon him the honorary degree of A. M.

He was married in 1809 to Polly Pingrey, of Salisbury, N, H., by whom he had seven children, two of whom survive.

The character of the subject of this sketch was beyond reproach. He was kind and affable to all and was ever among the foremost in forwarding and sustaining all good and noble enterprises and dispensed his liberality with an unsparing hand.

He was passionately devoted to the institution of Masonry and was buried with Masonic honors on Friday, Nov. 27.

H. POWERS, M. D.

Morrisville, December, 1857.

DR. REESE'S "REPORT ON INFANT MORTALITY IN LARGE CITIES, *The sources of its Increase and Means for its Diminution*," is a valuable contribution to Science. He shows by a strong array of facts and figures the frightful *extent* and the *increase* of infant mortality. Then he boldly exposes many of the causes of this alarming condition of society, especially as depending upon those vices of humanity not mentionable to ears polite. The different crimes of Infanticide and Abortionism as well as the consequences of the intermarriage of unhealthy parents, the effect of drugging with quack medicines, bad diet, neglect, etc., are all considered, and although there may be difference of opinion as to the practicability of some of the remedies he proposes, no one can object to their consideration in view of the necessity of doing something to arrest this growing evil.

DUNGLISON'S MEDICAL DICTIONARY.—We have just received from the Publishers, Blanchard & Lea, a copy of the fifteenth edition of this popular Lexicon, containing an addition of about six thousand subjects and terms in addition to the former edition. It is now emphatically the Medical Dictionary of the English language and for it there is no substitute.

It can be procured free of postage by remitting $4,00 to the Publishers.

THE TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION for the current year can be procured by sending $3,00 to Dr. J. N. Borland, 16 Winter St., Boston, Mass, who has kindly undertaken the task of supplying New England physicians.

PEASLEE'S HISTOLOGY has been received and will be noticed in our next number.

ON THE EMPLOYMENT OF THE LIVING ELECTRIC FISHES AS MEDICAL SHOCK MACHINES. *By Prof. G. Wilson.* —The author stated that, in prosecuting researches into the early history of the electrical machine, he did not at first contemplate going further back than the seventeenth century, or commencing with any earlier instrument than Otto Guericke's sulphur globe of 1670. His attention, however, had been incidentally directed to the employment of the living torpedo as a remedial agent by the ancient Greek and Roman physicians: and he now felt satisfied that a living electrical fish was alike the earliest and the most familiar electrical instrument employed by mankind, In proof of the antiquity of the practice, he adduced the testimony of Galen, Dioscorides, Scribonius, and Asclepiades, whose works proved that the shock of the torpedo had been used as a remedy in paralytic and neuralgic affections before the Christian era. A still higher antiquity has been conjecturally claimed for the electric Silurus, or Malapterurus of the Nile, on the supposition that its Arabic name, *raad*, signifies thunder-fish, and implies a very ancient recognition of the identity in nature of the shock-giving power and the lightning force; but the best Arabic scholars have pointed out that the words for thunder and for the electric fish are different, and that the latter signifies the "causer of trembling," or "convulser;" so that there are no grounds for imputing to the ancient Egyptians, or even to the Arabs, the identification of Silurus-power with the electric force. In proof of the generality of the practice of employing the living zoo-electric machine at the present day, the author referred to the remedial application of the torpedo by the Abyssinians, to that of the gymnotus by the South American Indians, and to that of the recently-discovered electric fish (*Malapterurus Beninensis*) by the dwellers on the old Calabar River, which flows into the Bight of Benin. The native Calabar women are in the practice of keeping one or more of the fishes in a basin of water, and bathing their children in it daily, with a view to strength-on them by the shocks which they receive. These shocks are certainly powerful, for living specimens of the Calabar fish are at present in Edinburgh, and a single one gives a shock to the hand reaching to the elbow or even to the shoulder. The usages referred to appear to have prevailed among the nations following them from time immemorial, so that they furnish proof of the antiquity as well as of the generality of the practice under notice. The author concluded by directing the attention of naturalists to the probability of additional kinds of electrical fish being discovered, and to the importance of ascertaining what the views of the natives familiar with them are in reference to the source of their power and to their therapeutic employment. Sir J. Richardson stated that there were not less than eleven genera of fishes known that had the power of giving electric shocks. There was one peculiarity in all these fishes, and that was the absence of scales. In every one of them an apparatus had been discovered, which consisted of a series of galvanic cells put in action by a powerful system of nerves. He read extracts from a letter from Dr. Baikie, now engaged in exploring the Niger, in which that gentleman stated that he had met with an electric fish in Fernando Po, and which Sir J. Richardson believed was identical with the Malapterurus, which had been described by Dr. Wilson, from Old Calabar. The natives called this fish the Tremble-fish.—*London Prarm.*

STATISTICS OF THE POPULATION OF THE RUSSIAN EMPIRE—*Increase of the Population; Remarkable Fecundity of the Females.*—We borrow from the Preuss. Medic. Verein. Zeit. 1855, No. 28, the following statistical results relative to the mean duration of life in Russia, and to the increase of the population. In a population of 67,000,000, in the year 1853, we find that there are 2,782,636 births, and 1,950,132 deaths. Of these deaths 26,200 only took place beyond 50 years; 2,181 beyond 90 years, and 130 above 100 years; 7 from 125 to 130 years; and in the government of Pskow a man attained the age of 145 years.

The facts relating to the fecundity of women are so marvelous, that they might well inspire doubt, if they were not accompanied with so many details. We read in the Magazine of Natural History, etc. of Moscow (4th part, p. 80, 81,) the following fact: On the 21st of March, 1755, the peasant Kirilow was presented, along with his wife, to the Empress. This peasant was married for the second time at the age of 70. His first wife was brought to bed 21 times—4 times of 4 infants at a birth, 7 times of 3 infants, and 10 times of twins—in all 57 children, then alive. The second wife had already been delivered 7 times, once of triplets, and 6 times of twins—in all, 15 living children. This astonishing fecundity has been observed in other cases in Russia. Thus the peasant Gastorown, of the village of Dolgom, was delivered on the 1st of March, 1854, of 5 infants, two boys and three girls, who all died the same day. At Torgowa the wife of a Kalmuck had a quadruple birth; one of the children died the next day. In the village of Iwokina, 26th May, 1854, a peasant had a quadruple birth, all the children surviving; and in November, 1854, another similar birth is recorded in the government of Vladimir. Many other examples are given.—*Gaz. Hobdomadaire.—Phila. Med. and Surg. Journal.*

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ON ABSCESS.

BY A. B. CROSBY, M. D.

(Continued from page 326.)

CHAPTER IX.

Abscess of the Pharynx.

An abscess of the pharynx is comparatively a common occurrence. The antecedent inflammation occurs in the areolar tissue between the posterior wall of the pharynx, and the bodies of the cervical vertebræ. It is of moment since it is likely to interfere seriously with two very important functions, respiration and deglutition.

Causes. There seems to be no specific cause for this form of abscess. The ordinary causes of abscess may be assigned. Exposure to cold and moisture, the application of strongly irritant substances to the pharynx, or the spreading of a contiguous inflammation have been observed. A peculiar crasis seems to favor it and some persons habitually suffer in this way during the spring or autumn.

Symptoms. The patient first observes some dryness or soreness of the throat, either on going to bed or in the morning. Swelling occurs from the posterior wall of the pharynx, deglutition becomes difficult and the breathing is oppressed and laborious. The danger of suffocation seems to be imminent and there is soon complete aphonia. From the fact that these symptoms are so prominent there is danger that the affection may be mistaken for laryngitis. This mistake has frequently been made, and the error in diagnosis has remained unknown until an autopsy has revealed it. A careful consideration of the invasion, and progress of this abscess can alone guard against so untoward an error.

The disease is usually ushered in by a chill, succeeded by fever. There is more or less pain in the throat, which is usually referred to the epiglottis and vicinity. Swallowing aggravates the pain which at first is not as painful as in inflammation about the tonsils and palate. On looking into the mouth very little redness can be detected. By depressing the tongue to the utmost a swelling may sometimes be observed which early presses forward over the larynx. If the depressor is passed backward as far as the base of the tongue, an attempt to swallow or to vomit will be excited, and the epiglottis for an instant becomes visible. It generally appears natural in size and color, affording us satisfactory evidence that the larynx is not involved. Should resolution now occur there will ensue an entire relief of the symptoms, which have been so distressing.

Otherwise the signs of the disease become more and more grave. Deglutition is now out of the question, and respiration is only carried on by the most powerful efforts. The patient tosses himself about on his bed, now with his head thrown backward as far as possible; then forward and to one side. The face becomes livid, and the protruded eyes are staring and blood-shot. He rises suddenly, drops into a chair, and in an instant may be dead.

In the chronic form the disease advances slowly and may be complicated with disease of the cervical spine. The swelling has been sometimes mistaken for a solid tumor. The affection of the cervical spine we have observed in several instances.

Treatment. The same treatment that was advised in inflammation of the tonsils will be proper here. An emetic frequently aborts the case at once. Venesection and cathartics may be resorted to as the symptoms warrant. In a majority of instances resolution will occur either spontaneously or as the result of a well timed and judicious treatment.

When the swelling has proceeded so far as to seriously impede deglutition, an attempt should be made to open the abscess. To accomplish this the mouth should be opened and retained so by placing a bit of hard wood between the teeth. A reliable assistant may then depress the tongue as firmly as possible. The operator should now pass a long slender bistoury into the mouth, and open the projecting abscess by making an oblique incision crossing the mesian line.

If the opening cannot be accomplished, and there is danger of suffocation a tube may be introduced into the larynx. A wire bent at a suitable curve may be passed into a flexible catheter, and this being introduced into the larynx the wire may be withdrawn. This cannot be accomplished without exciting a great deal of agitation, cough, and a sense of suffocation. The patient will become more quiet after a time, but the tube will be illy borne.

The accumulation of pus is sometimes so great as to cause an enlargement of the neck at one or the other side. In the chronic form of the affection, the abscess may thus point externally and admit of a careful opening in that location.

When the abscess has developed slowly, and there is any doubt as to its character an exploring needle may be forced into the tumor and its nature definitely ascertained. When the abscess is sufficiently high up in the throat it may be opened through the mouth. Otherwise, Lisfranc says, "a careful dissection may be made through the superficial coverings, and a groved blunt steel director pushed into the sack when pus will ooze along the grove, when the instrument may be passed up and down so as to lacerate the sack sufficient to give exit to the pus." On the whole, unless the pointing is pretty obvious. and the danger of suffocation very great the abscess had better be allowed to burst.

As a denier resort when the dyspnœa is very great we have a means of relief in tracheotomy, which in extreme cases should be resorted to.

If food cannot be swallowed a tube may be passed into the stomach, and nourishing broths forced in by a pump, or the patient may be sustained by nutritious enemata.

There are certain means at our command by which we may hope to prevent this abscess from becoming habitual during the spring or or fall. As soon as the premonitory symptoms present themselves, an active emetic may be resorted to at once. This may be antimony, or if the patient is unaccustomed to the use of tobacco, emesis may be induced by smoking. The throat should be bathed daily with cold water and strips of flannel ; and like articles about the neck should be dispensed with. The feet should be kept warm and dry, and at the period of the greatest liability, all unusual exposure should be avoided. If the tonsils are enlarged they should be excised. By the timely use of these means any recurrence of the affection may usually be prevented.

It would be no very difficult matter to furnish abundant instances of pharyngeal abscess, running the course already indicated and terminating in recovery. But the record of a favorable case is not always as instructive as one the termination of which is more signifiicant, because fatal.

The following cases are to the point in this connection. A record of these cases has been preserved by my father, who observed the two first in the practice of others and the third in his own.

Case I.

In the spring of 1824, T. H., a mechanic, forty years of age, was seized with a sore throat. The difficulty of swallowing was at first inconsiderable, and little attention was paid to the patient.

The difficulty of swallowing continued to increase and the voice became husky. There was a good deal of pain referred to the vicinity of the epiglottis. The respirations became labored and there was soon complete aphonia.

Together with these symptoms there was considerable constitutional disturbance. The case which was at first regarded as a simple sore throat, was now pronounced croup.

The usual remedies employed in croup were resorted to, but without benefit. The symptoms continued increasing in severity.

The patient felt sure that there was a swelling in the lower part of his throat, and that he could "break it" if he could pass a spoon sufficiently low down. He was unable to do this, and the idea of croup was still adhered to by the medical attendant.

The dyspnœa was excessive and the face was of a dusky hue. The patient was very restless and threw himself in every position in his fruitless attempts to breath. The face became livid and anxious; respiration ceased and he died instantly.

An autopsy showed the epiglottis, larynx and trachea, perfectly healthy. The pharynx was filled by a swelling, containing pus, projecting forward over the rima glottihtis. The abscess was fully matured and if an opening could have been made the life of the patient might have been saved.

Case II.

This was an instance of chronic abscess of the pharynx. The patient, a child two years and a half old, inherited a scrofulous diathesis from its parents. In the spring of 1826 the child presented the symptoms of a slight catarrh. This did not yield to the domestic remedies employed. The symptoms of abscess of the pharynx showed themselves from time to time, but very slowly. The dyspnœa was the most marked symptom. At intervals this would recur so violently as to threaten suffocation, gradually becoming paroxysmal in its character.

This, too, was regarded as a case of croup and the usual remedies were applied. The paroxysms gradually became more frequent and more severe. In one of these the child stopped breathing and life was speedily extinct.

A post-mortem examination revealed an abscess of the pharynx which had encroached so much upon the opening into the larynx as to cause death by apnœa.

Case III.

In the autumn of 1840, Mrs. B., a lady of forty-five, began to be troubled with a stiff neck. She complained at the same time of a severe pain in both wrists. There was nothing unusual in the appearance of her wrists, but the pain was persistent. These symptoms were attributed to neuralgia. Cups were applied to the back of the neck, followed by blisters and pustulation by antimony. The treatment apparently accomplished but little. There was not much difficulty in breathing, but deglutition was seriously interfered with. The constitutional signs were those of depression.

After a time an enlargement showed itself on the antero-lateral surface of the neck. This finally pointed externally and was opened. The discharge of pus was free, the wound was not inclined to heal, and it became chronic. This state of things lasted for three years, the patient suffering more or less pain during the time. At the end of this period she died from exhaustion.

An autopsy was permitted, which disclosed the fact that the affection was originally an abscess of the pharynx, followed by caries of the cervical vertebræ.

These cases sufficiently indicate the importance of this form of abscess and the danger there may be of confounding it with other diseases.

ARTIFICIAL RUPTURE OF THE AMNIOTIC SAC DURING LABOUR. *Objections to the Practice.* By B. F. RICHARDSON, M. D., Adjunct Professor of Obstetrics and Diseases of Women and Children, in the Medical College of Ohio.

In the last number of this Journal, quotations were made from numerous standard obstetrical authorities, which, directly and by fair implication embody the doctrine, that the amniotic sac is the only proper and efficient agent in the production of dilatation of he os uteri; that after it is well dilated, or dilatable, there remain no important objections to rupturing the membranes; and that, therefore, it is undesirable to maintain the integrity of the amniotic sac beyond that period. At the conclusion of that article we promised to show, "that one of its most important uses remains unfulfilled until the presenting part has passed through the superior strait; and that in all natural, uncomplicated labours, especially primapara, the membranes should not be ruptured at any time."

If this proposition can be sustained by argument and numerous facts, the inference is patent, that the views entertained and inculcated by obstetrical writers generally, in regard to the office and treatment of the amniotic sac, are well calculated to seriously mislead those who exercise their memory more than their reason. He who conceives of no objection to the rupturing of the membranes after the os uteri is well dilated, will, almost certainly, rupture them, in expectation of exciting more vigorous uterine contractions.

Perhaps, on no other point connected with obstetrics has there been so much misinterpretation of facts, assumptive reasoning, and erroneous conclusions on the part of writers, as in regard to the mechanism and phenomena of the first stage of labor. As the views entertained by Professor Murphy on this point are in accordance with those of most writers, and he has elaborated the argument through which these views have generally been derived; a review of his positions will be appropriate, in the course of my remarks.

Is the amniotic sac the only proper and efficient agent in the production of dilatation of the os uteri ?

Are there any objections to rupturing the membranes after complete dilatation of the os uteri has taken place ?

The discussion of these questions will embody the answer to the first : Is it desirable to maintain the integrity of the amniotic sac during labor ?

Prof. Dewees, by an ingenious argument, attempts to show that, ordinarily, the amniotic sac has nothing to do in the production of dilitation ; but unfortunately he admits, in part, that which he undertakes to disprove ; and moreover is guilty of palpable inconsistency. At the conclusion of paragraph 515 he writes : " but in this admission, let it be recollected that I consider the waters as useful by their equal pressure upon the lower part of the uterus, and by distending, and at the same time, by the same agency, weakening the circular part of the fibres of the part, and thus indirectly favoring the dilatation of the mouth of the uterus." Now turn to paragraph 518. " When the os uteri does dilate, it is not by the edges being stretched mechanically ; it is an absolute inability in the circular fibres to maintain a state of contraction, and for the time being, may be considered as paralyzed, or excessively fatigued ; or, perhaps, more properly speaking, it is the relaxation of a sphincter not subject to the control of the will." Where a proposition is faulty, the reasoning is apt to be illogical. This gifted and lamented author was endowed with a spirit of controversy to an extent that sometimes led him into the adoption and support of views which his acknowledged powers of argumentation were insufficient to sustain. However, in attempting to exclude entirely the amniotic sac as a usual participant in the dilatation of the os uteri, he assumed a task perhaps not more difficult than that of Prof. Murphy, who undertakes to demonstrate that it is the only proper and efficient dilating agent.

We have heretofore stated that the argument and assumption of Prof. Murphy involve " a total disregard of well known hydrostatic and mechanical laws : and that he takes the position " that the amniotic is a better dilator of the os than the smooth, round and comparatively unyielding vertex." At page 55, commenting upon the argument of Dewees, he remarks : " It would make the membranes not only useless as a means of dilatation, but rather a difficulty in its accomplishment. The head of the child, directly applied to the cervix, would overcome the resistance of the circular fibres much more efficiently than the liquor amnii, so that the most favorable kind of dilatation would be that which occurs when the membranes are ruptured at the commencement of labor. It is very well known that this does not happen;" and after giving Dewees' explanation of the difficulty, proceeds: "But in place of the waters, there is the large, round and unyielding head of the child forced down upon the lower part of the uterus, which one would suppose more efficient for the purposes of mechanical distension." According to the opinion of Dewees, and not his own, as we may fairly infer. Again, at page 50, "If the uterus exerted its full power upon the undilated os uteri, and if the unyielding head of the child were driven forcibly against it, the almost certain consequence would be, that the irritation would excite increased resistance, and ultimately terminate in inflammation of the mouth of the uterus. To obviate such an effect, nature interposes a *fluid medium* between the power and resistance. The liqnor amnii contained within the membranes, occupies the cavity of the uterus, and when its parietes contract upon it, the force exerted is (as we have explained) by this means accurately conveyed to the os uteri. When the latter dilates in the slightest degree, the fluid insinuates itself within the smallest opening, and expands it by a direct lateral pressure against its edges. The power of the uterus is thus made to act in the most favorable manner for distending its mouth."

On the same page he says: "Further, so long as the tissue of the uterus intervenes, it is necessary to moderate the great power which the uterus is capable of exercising to dilate it: this is effected by the liquor amnii." Again, on page 108: "The gradual escape of the liquor amnii also gives rise to tediousness. If this takes place when the os uteri is slightly dilated, in other words, when the latter is so long exposed to the head of the child as to become irritated by it, the result is rigidity of the os uteri, etc." On page 55, we also read: "If they are ruptured when the dilatation is very slight, the suddenly increased power of the fundus, forcing the head of the child against the os tincæ, soon excites irritation, prevents its expansion, and sometimes causes inflammation. But if they are broken when the uterus is sufficiently open to allow the membranes to protrude into the vagina, and the contractions of the fundus to increase, it is probable that the dilatation will be advanced more rapidly, etc." This last quotation contains its own refutation. I have been thus copious in my citations, for the reason that they embody the views of all authors within my knowledge, Dewees excepted.

Now, what inferences are fairly deducible from the foregoing quotations? I shall state and answer them as I proceed: Firstly, the amniotic sac is the essential agent in the production of dilatation of the os uteri, producing it "by a direct lateral pressure against its edges." The fact that in a fair proportion of multiparæ labors, the uterine orifice opens readily and to some considerable extent, before either the head or membranes have engaged with it, is fatal to this theory. Further, it is a well known fact to those who have made careful observation, that occasionally in multiparæ labors, where, from fragility of the membranes, the liquor amnii has been evacuated early, and before the head has descended sufficiently to press upon the os; enlargement of the orifice proceeds without interruption.

There are three agencies concerned in the production of dilatation. Firstly : and essentially, contraction of the cervico-fundal fibres acting upon the circle of the os uteri through their free extremities. Secondly, a body, (the amniotic sac or presenting part) over which to retract the border of the os; and, Thirdly : pressure by descent of the amniotic sac, or presenting portion of the fœtus.

Secondly : The amniotic sac is a more efficient dilating agent than the vertex, for the reason that the force exerted by the uterine contractions is " accurately conveyed to the os uteri ; " whereas, the same force transmitted through the vertex would " soon irritate " the os, and " prevent its expansion." Here we have groundless assumption, misinterpretation of facts, and erroneous conclusions. By what law of mechanics does a yielding body like the amniotic sac, become a more efficient mechanical dilator than a solid body like the vertex? If the force of the contraction is (as is asserted) accurately conveyed to the edges of the os uteri, (the membranes being non-distensible, and therefore unable to absorb any of the force) why is the amniotic sac incapable of irritating and inflaming the os and arresting its dilatation, no matter how great the power exerted by the uterine walls? Can the vertex do more than transmit this force to the edges of the os uteri?

Again, it is assumed that the whole force of the uterine contractions is accurately conveyed by the amniotic liquor to the edges of the os uteri as soon as the latter is opened in the " slightest degree. " Now, the exact measure of force which the liquor amnii is capable of conveying to the edges of the os uteri, is determined by the force which the unsupported membranes at the orifice are capable of sustaining. Who can suppose for a moment, that those frail membranes can support the whole power generated by vigorous uterine contraction? Let us take even Prof. Murphy's own statement, when combatting the argument of Dewees, in regard to the antagonism of the circular and longitudinal fibres : " but how the membranes could resist the effect of this struggle it would be difficult to understand, when we know that the change of position, walking across the room, or other such trifling causes, are sometimes sufficient to rupture them, from the gravitation of the fluid alone, and therefore the greater force arising from the action of the fibres of the uterus against each other, must break them more frequently than what we know to be the case." Prof. Murphy therefore supposes, that antagonism between the vertical and transverse fibres, imparts to the liquor amnii, greater force, than when they contract conjointly. Such a view evinces a defective knowledge of hydrostatic laws. The simultaneous contraction of the uterine fibres, will distend the membranes at the orifice more forcibly than any partial contraction possibly can.

Further, it is assumed, that when the amniotic sac is prematurely ruptured, it is replaced by the vertex, which transmits the power of the uterine contractions to the os uteri, thereby irritating, and rendering it rigid and unyielding; and the conclusion is, that the tediousness of delivery, and apparent change in the condition of the os uteri, which usually attend this accident, are attributable to the alleged fact, that the vertex is incapable of dilating the os as efficiently as the amniotic sac. I have dwelt at length on this point, as the most important connected with our discussion; and an exposition of the mechanism and phenomena of the first stage of a primapara labor, will, I think, show wherein obstetrical writers have been led into fallacious reasoning and false conclusions, by the oversight and misinterpretation of facts. At the commencement of labor, and before the os uteri begins to open, we find the child occupying the uterine cavity, with its pelvic extremity in contact with the fundus, and it head resting upon the pelvic brim, presenting the occipito-frontal diameter more or less modified, the liquor amnii filling up the inequalities. As the contractions continue, the liquor amnii is displaced in that direction in which there is least resistance, the inferior segment; for it is a well known fact, that the muscular tissue diminishes in quantity, and therefore in power, from the fundus towards the orifice. Whilst the inferior segment is undergoing distension by the downward projection of the liquor amnii, the superior portion of the cavity is lessened, and the walls of the body and fundus permitted thereby to apply themselves more closely upon the child. Then, as the cervix continues to dilate, and the os begins to open, and the membranes are more and more exposed to rupture from diminishing support inferiorly, the increasing contractile power of the uterus would certainly rupture them, were it not that, as the labor progresses, the proportion of force transmitted to, and expended upon the pelvic brim, through the child, is gradually increased. This is a wise provision of nature, for if the undivided power of the uterus should be exerted upon the unsupported membranes at the orifice, as alleged by Prof. Murphy and others, rupture of them, unless preternaturally strong, would be inevitable at an early period of dilatation, in a large majority of first labors. As the labor progresses, the uterine walls are applying themselves more firmly upon the child during each contraction, and the head is being flexed, so as to bring its smallest circumference in relation to the superior strait. Now, suppose that at an early period of dilatation, and before flexion of the head has proceeded to any considerable extent, the amniotic sac is ruptured, either from fragility of the membranes, or interference on the part of the medical attendant, what results? Usually, abnormal protraction of delivery, and injury to the child and mother proportionate to its duration. The cervical segment being relieved from distension by the evacuation of the liquor amnii, retracts by its elasticity, and applies itself closely upon the presenting part, and does not come to be pressed upon until the head is completely flexed, and its sub-occipito-bregmatic circumference is passing through the superior strait. When the head is of due relative size, this step in the mechanism is never attained in the early period of dilatation, unless the cervical tissue is preternaturally unyielding. I therefore venture to assert that the statement of obstetrical writers—Prof. Murphy included—that the ruptured amniotic sac is replaced by the vertex, which, by pressing upon the os uteri, irritates and renders it unyielding, thereby causing the tediousness which usually results where the liquor amnii is early evacuated, is entirely and radically erroneous. Further, it is a mere assumption to assert, that when the vertex, (covered by the soft, well lubricated scalp,) does come to press upon the os, it will irritate, and render it unyielding; for when, in the progress of labor, the occiput descends, it will dilate the orifice as favorably and as rapidly as the other unfavorable conditions will admit. Again, the theory implies that the delay will terminate with the full dilatation of the os, whereas it is a fact, that the delivery is delayed at every step throughout, by the too early evacuation of the liquor amnii. We have heretofore stated, that at an early period of dilatation, the head is but imperfectly flexed, and is not yet so adapted to the pelvic orifice as to prevent the outflow of liquor amnii, produced by the recurring uterine contractions. Complete flexion, and adaption of the sub-occipito-bregmatic circumference of the head to the pelvic brim, is by far the most tedious step in the mechanism of a primpara labor; usually requiring many hours for its accomplishment. The liquor amnii being thus gradually and completely expelled, the uterine parietes are permitted to close upon the unequal surface of the child. The circular fibres of the body, meeting with the least resistance, contract upon and constrict the abdominal region of the fœtus. Each succeeding contraction increases the constriction, until the compressed part becomes as resisting as the other portions. The child can only be expelled from the uterus by being made to glide upon its inner surface, and anything that militates against this process, will retard delivery proportionately. Now, as the resistance of the presenting part, conjoined with the resistance of this constriction, must be overcome by the contraction of the cervico-fundal fibres, the true cause of tediousness is at once made manifest; for the amount of power absolutely lost, is exactly equal to that which this constricted portion of the uterus is capable of exerting. And this relation of the uterine parietes will, at least, be partially maintained at every subsequent step of the labor, until the head is delivered; thereby causing abnormal delay throughout.

Through the foregoing explanations, it will be perceived, that protraction and injury are liable to result, whenever the liquor amnii is evacuated before the head is properly adapted to the pelvic orifice, no matter what degree of dilatation may have taken place.

We have thus undertaken to show, "that one of its most important uses (the amniotic sac) remains unfulfilled until the presenting part has passed through the superior strait; and that in all natural, *uncomplicated* labors, especially primapara, the membranes should not be ruptured at any time."

In cases of actual inertia, the practitioner must exercise his judgment, in view of the conditions present, but *rigidity of the membranes* can in no way impede the descent of the presenting part through the pelvic brim. Therefore it is my deliberate opinion, derived from careful and extended observation, that rupture of the amniotic sac, especially in primapara cases, before the head is properly adapted to the pelvic orifice, is injudicious, and generally injurious, and sometimes fatal, especially to the child, in its results. For, the altered condition of the uterine sinuses and the placenta, consequent upon prolonged and undue retraction of the uterine parietes, in conjunction with the violent pressure to which the infant is subjected; are well calculated seriously to impair the child's viability, even though it may be born alive.

There are other and important objections to rupturing the membranes, even when the os uteri is well dilated. Who knows at what period of a labor eclampsia may occur? Version may be desirable, but difficult and dangerous if the waters have been long evacuated. The same may be said in regard to rupture of the uterus. So also, if hemorrhage; the first expedient being rupture of the membranes, the next, version.

In conclusion: as it is difficult to estimate in a given case of labor, to what extent its bad results may be fairly attributable to improper management, we may feel disposed to rest satisfied with our preconceived ideas and modes of practice. Let us, however, be reminded of the statistical fact, — established by the observations of Burns, Collins, Nagaele, Simpson and others — *that the liability to injury and death, upon the part of the mother and child, increases proportionately with the duration of labor.— Western Lancet.*

PREVENTION OF PHTHISIS. A Paper read before the Indianapolis Medical Society. By JOHN M. KITCHEN, M. D,

After getting fairly organized at our last meeting, I was designated to prepare a paper, " on the best means of preventing the development of phthisis in those predisposed to it." I reluctantly comply with the request, and my greatest hope in doing so is, that I may be able to induce other gentlemen, more competent, to hereafter write on other subjects.

The importance of the one assigned to me will not be questioned, when the immense number of persons who die annually with pulmonary consumption is called to mind, neither will any means which may lessen such fearful consequences appear trifling.

How familiar to all, and how true the saying, that " an ounce of prevention is worth a pound of cure." Now can a combination of circumstances possibly be imagined, where such a remark would be more applicable, than when speaking of this really terrible disease ? for there is scarcely room to doubt, that with proper care, and the adoption of suitable measures, very many persons predisposed to consumption may entirely prevent its development, whilst, by neglect, death may with equal certainty speedily follow. Even in the first stage of phthisis, after tubercular deposition to a limited extent has taken place, it is in the power of the physician, by advising certain rules and requiring their rigid observance, to at least prolong life; but after the second stage is formed, how feeble the hope of recovery; then, all, save the doomed victim, despair, and he, ceasing to hope for aid from that useful, that precious " ounce of prevention," becomes satisfied to stagger along under the weighty and uncertain " pound of cure."

It is now almost the universal belief that tubercular phthisis is not a local disease—a mere result of inflammation ; but that it is a great constitutional infirmity ; that the blood is at fault ; and that tubercle in the lungs, as in other organs, is a deposit from the blood. What the peculiar pathological condition of the blood is, has not been definitely determined, although eminent individuals, such as Glover, Pollock, Gerber, etc., say there is too much albumen, too little fibrin present; but however this may be, a dreadfully depraved condition of this fluid unquestionably exists in phthisis, and it is therefore sufficiently plain, that all means calculated to improve the general health, to improve the quality of the blood, are what should be relied upon in its prevention. A fair and reasonable inquiry would be, when such means should be commenced, and the answer is that a child born of consumptive parents inherits a tendency to that disease—its little blood-vessels already carry tainted blood through its system, and from the hour of its birth constant watchfulness is demanded, a healthy nurse should be selected, cleanliness strictly observed, and as the child grows older none but the most healthful, most nutritious and easily digested food should be allowed it.

A mixture of miserable doughnuts, radishes, saleratus biscuit and swill-fed pork, with green apples, adulterated candies, and raw turnips, is not what makes good blood, yet half the children in Hoosierdom are fed on similar compounds, and hence scrofula abounds.

Dress is another important consideration. Short-sleeved and low-necked dresses, with skirts cut off even with the buttocks, thin cotton pantalets, with legs two inches and three quarters in length, and stockings of corresponding brevity, constitute the present style of children's dresses. Who will say that a child exposed to the winter's blasts in *such* a dress can be a healthful child ?

When still older, scrofulous enlargements of the glands of the neck may be observed, which should rather be encouraged to suppurate than otherwise, care being taken to open them very early, and to make the sides of the resulting cavities adhere by injections of tincture of Iodine. Dr. Pollock, Physician to the Hospital for Consumption, and Diseases of the Chest, London, says: it is rare to meet with the scars of scrofula in cases presenting themselves to him, showing that the disease seems to be diverted from the internal organs by the occurrence of suppuration in the glands of the neck.

Statistics establish the fact, that more cases of phthisis are developed between puberty and the age of twenty-five, than at any other period of life embracing the same number of years ; therefore unremitting vigilance should be exercised by all those who have reason to suspect the existence in their systems of the hereditary taint.

Wasting of the tissues is one of the earliest symptoms of tubercular disease of the lungs, some of the others being cough, hæmoptysis and pectoral pains, all of which occur often before the physical signs can be detected. Dyspnœa and hectic come later. Asthmatic persons, however, suffer with difficult breathing, and all pains in the chest are not the result of phthisis, neither do all persons who cough have tubercles, and hectic may result from various causes —the physician should carefully discriminate.

In regard to pulmonary hemorrhage there is a difference of opinion. Most European authors, prominent amongst whom stand Louis and Watson, affirm that hæmoptysis is almost a positive symptom of consumption, excepting where there has been external violence, or in consequence of suppression of the catamenia.

Their opinions, it is well to remember, are based principally on hospital experience. Most American physicians, whose opinions are the result of private practice, think bleeding from the lungs is frequently a consequently of congestion of the mucous membranes, and entirely independent of tubercles, as epistaxis is a consequence of a congested condition of the Schniderian membrane. Prof. George B. Wood ranks amongst the number.

Our principal object, however, at this time, is to mention the means by which the difficulties just enumerated may be prevented, and surely it is not in medicine that our hopes lie, although we hear much now-a-days about *local* medication; about *inhalation.* Soothing vapors will no doubt for a time calm irritation of the lungs; indeed, by checking inordinate secretion in the advanced stage they may prove valuable as palliatives; but can we reasonably expect any greater benefits to result from their use? I think not. During a brief residence in Florida, whither I went seeking relief from a pulmonary trouble, I formed the acquaintance of a number of individuals who were under the treatment of Hunter, of New York, a man who has made a great deal of fuss in the newspapers about the virtues of inhalation, and I thus had an opportunity of judging somewhat of the merits of his pretensions. These patients of his were all supplied with a small box, about the size of a candle box, containing, besides an inhaling apparatus, three kinds of medicine, labelled respectively, "Anodyne Mixture," "Expectorant Mixture," and "Cough Mixture."

Curiosity frequently prompted me to examine the medicines given to different persons, and although it was difficult to tell exactly of what they were composed, yet from the striking similarity in taste, smell and appearance, I was forced to conclude that in every person the treatment was about the same, no matter whether the patient was suffering from chronic bronchitis, asthma, hemorrhage from the lungs, the first or the last stage of phthisis. I never saw an individual who would acknowledge he received any *permanent* benefit from the treatment. For each of those boxes twenty-five dollars were received, the content of each were intended to last *one month*, and possibly may have cost originally the tremendous sum of three dollars—*this* is called inhalation.

Returning from this digression, I will rapidly enumerate the measures upon which we *are* to rely, in improving the general health, enriching the impoverished blood, and preventing the local consequences of the constitutional dyscrasia. They consist in cleanliness; comfortable clothing; proper food; pure air; vigorous exercise; suitable occupation; the use of cod-liver oil, iron and alcoholic drinks. Climate is an unsettled question. Medical men have so long been in the habit of sending pulmonary invalids to a *hot* climate, that the public mind had about arrived at the conclusion that such a change is a certain preventive; but high authority has recently condemned the practice in the strongest terms, and important evidence of this kind may be found in the published Transactions of the American Medical Association. The late Dr. Drake was in the habit of advising a cold, equable climate, and suggested the Upper Minnesota country as a suitable location for persons predisposed to pulmonary diseases, and I find in a work recently published by authority of Congress, entitled Medical Statistics of the U. S. Army, for a period of sixteen years, that the compiler after a careful analysis of these statistics, arrives at the following conclusions, "that the most important atmospherical condition for a consumptive is DRYNESS; that next to this in importance is an EQUABLE temperature —a temperature uniform for long periods, and not disturbed by sudden or frequent changes, and lastly, than an uniformly *low* temperature is much to be preferred to an uniformly *high* temperature."

English Army Statistics likewise reveal the fact, that more deaths occur in the West Indies from phthisis than in Canada, and Rochard, Surgeon-in chief in the French Navy, asserts that in the torrid zone pulmonary tuberculization progresses with more rapidity than in Europe, and that emigration is fatal to tuberculous persons who go there to live." He further asserts, "that this opinion is that of the immense majority of physicians-in-chief of their colonies."

It is proper to state that *change* alone, independent of temperature, is why some physicians advise a Southern climate. But no matter where the invalid may be, whether in the North or in the South, whether in a high latitude, or in a low one, whether surrounded by a dry atmosphere, or one that is humid, free exercise and the enjoyment of fresh air are indispensable, and any occupation permitting these is desirable. Dr. Pollock says, butchers are singularly exempt from phthisis, and Dr. Copeland seriously advises that any person predisposed to consumption, should turn butcher—a very appropriate business, he might have added, for some doctors.

The article of food demands a passing thought—the desire of man for which differs in different regions of the globe. An inhabitant of the tropics cares for, indeed needs little else, than the golden orange, the delicious pine apple, and the richly flavored banana; whilst on the other hand, the Russian glories in tallow, and the Esquimaux revels in blubber. The latter need material for the manufacture of animal heat, they need carbonaceous food—hence their desires. Now much the same kind of food is necessary to supply material to prevent the waste of the tissues in phthisis, as to generate animal heat; in each case a necessity is created for *fat*, for food rich in fibrinous and oleaginous qualities, the use of which will, to a greater or less extent, prevent the system being preyed upon; thus, an Arctic sailor selects train-oil to supply one want, and the physician selects cod-liver oil to meet the other. Would that the results in each instance were always equally satisfactory.

In conclusion, alcoholic drinks claim consideration. Less than ten years ago, a distinguished author, Sir James Clark, wrote as follows: "During the early stage of phthisis the diet ought to be mild, even strictly antiphlogistic." Precisely opposite views are now entertained by the great mass of the profession, for where the digestive powers will admit, high living is advised, and the judicious use of pure spirituous liquors urged. The *starving* process has been abandoned, and something upon which the disease may *feed*, instead of upon the tissues, supplies its place. According to Carpenter, alcohol is superior to everything else, as a fuel to keep up the calorofing process. If then it be true, as I have asserted, that the same kind of material is necessary to prevent the waste of the tissues in phthisis, as to support the combustive process, alcohol should rank high in our estimation.

Another benefit, when judiciously used, certainly is, that it increases the digestive power of the stomach, and we have even good authority for calling it food—an oil producer—a counteracting agent to tuberculous complaints.—(*Wood.*)

I might easily furnish facts and statistics, in abundance, to prove that drunkards seldom die of phthisis—rarely present tubercles after death, and that pure spirituous liquors are valuable as preventives; but I will merely state that facts and opinions like these are furnished by such as Ogsten, Wood, Jackson, Dunglison, Pancoast, Gerhard, Bowling, Eve, Mott, Washington and hundreds of others prominent in the profession; though it is proper to say that Prof. Davis, of Chicago, has had the courage to tilt his head against the whole lot, by asserting whiskey to be a terribly destructive agent, "without any tonic or invigorating properties whatever, and that no individual cases have passed under his observation, affording eviidence of either the prophylatic or curative effects of alcohol in tuberculosis." Nor does it follow because Dr. Davis has 'nt seen such effects result from its use, that others have not. By no means, for such results are not always expected; no one claims that alcohol possesses absolutely specific virtues; but it is claimed to powerfully assist other measures, in preventing the deposit of tuberculous matter. A few facts may be suggestive. Five years ago, Col. H., of this city, was attacked with violent hemorrhage from the lungs, and had all the symptoms of approaching phthisis, the predisposition to which was strongly inherited. His weight then was *one hundred and twenty pounds.* He weighs now *two hundred and twenty-three pounds*, and there is not a more finely formed or healthful looking man to be seen on our streets. I to-day asked him what remedies were employed, and he emphatically replied, "brandy and beef."

Another gentleman, Mr. W., whose family is decidedly tuberculous, was eight years ago seized with precisely similar symptoms. He adopted the same treatment, and his weight has increased from *one hundred and forty to two hundred and ten pounds.*

Unfortunately, two years since, my own health was such that several medical gentlemen pronounced me a "goner." However, I went into the brandy and fat business, or more correctly speaking, they went into me. I sought the wilds of Florida, took a six months' quail hunt, ate plenty of rare beef, and I was never more certain of any thing than that my health has been vastly improved by the process. I have thus attempted to present interesting questions for discussion. I have aimed no higher.—*Nashville Journal of Medicine and Surgery.*

On the Use of Aconite as a Therapeutic Agent. By Edward B. Stevens, M. D., Cincinnati.

I wish to give the readers of this Journal my experience with *aconite* as a remedy; especially as I find, in conversation with my medical friends, that very many of them do not avail themselves of an agent, that, with me, has proved very efficient and satisfactory.

The aconitum napellus (monkshood—wolfsbane) is represented by writers, with great uniformity, to rank among our most active poisons; thus, in the article on aconite, in Wharton & Stille's Medical Jurisprudence: "The leaves and root of the aconitum napellus contain one of the most extraordinary and speedy poisons known; and fatal mistakes are recorded from small portions of the leaves or root having been eaten by mistake. Writers also describe the root, seeds, and leaves of the plant as possessing "a hot, acrid taste, giving rise to a burning sensation in the fauces, numbness and tingling in the limbs, swelling and pain in the abdomen, vomiting and purging, accompanied by giddiness, delirium, dimness of sight, and other symptoms indicative of cerebral affection;" and even when simply applied to the cutaneous surface, it is said to produce at first a feeling of heat, which is followed by prickling or tingling sensations, with numbness.

Although I have directed the use of aconite with comparative frequency, I have not in any case observed such strongly marked manifestations of its therapeutic effect as those which are thus attributed to it; and I am satisfied that, administered *medicinally*, these are exaggerated descriptions of its effects.

Another quality attributed to aconite is, that while consciousness may be in no degree impaired, both general and special sensibility will be greatly diminished. Thus, Pereira relates, that under the influence of a full dose, a dog would wag his tail when noticed by his master, and endeavor to follow him round the room, though quite insensible to pinching, or the pricking of a needle.

With such very positive effects upon the nervous system, we should natûrally expect this remedy would find a prominent place in the treatment of a large class of neuralgic affections, and diseases of a kindred character. It is, however, somewhat singular, that Baron

Storck, who first brought aconite into special notice as a remedy, about one hundred years since, more particularly recommended it in scrofula, dropsy, phthisis, and cancer; and having enjoyed a brief, but of course fictitious reputation, for the cure of these formidable diseases, it passed for a time almost entirely out of notice again.

I have found good results from the use of aconite, in almost the entire range of neuralgic affections, and in those complications of rheumatism and neuralgia in which there is freedom from local or constitutional trouble, independent of the nervous derangement; but more particularly in such cases as are usually styled pure neuralgia, I have frequently had results almost as prompt and satisfactory as were recently attributed to valerianate of ammonia.

Something more than a year ago, a lady called upon me for advice for a severe neuralgia in the face and head. From the history of the case, I supposed it to be a result of previous attacks of miasmatic disease, and accordingly prescribed quinine, which relieved her temporarily, but every few weeks she would have a relapse, and for several days at a time suffer excruciatingly. In addition to the quinine, quite a variety of customary treatment was resorted to, until in November I directed the following prescription, after she had suffered a week, and had tried without avail all the remedies that hitherto had given temporary relief:

℞ Tinct. Aconite *Root*, ʒi.,
Tinct. Cimicifuga, ℥ij.

Sig.—To take a teaspoonful every 4 hours.

My patient took three doses, when she was promptly and entirely relieved; and, what is better, she has scarcely felt a neuralgic twinge since, now about ten months.

In another case, a friend had for a long time suffered from a peculiar form of neuralgia, or neuralgic rheumatism in the arm, which seemed to yield to no remedy, even temporarily. I suggested the aconite. The result was equally prompt with that of the case I have just given. I might multiply these satisfactory examples to considerable extent.

The formula given above is the one I most frequently use in administering the aconite to adults. It will be observed that, given in that way, each dose would be equivalent to about 4 drops of the tincture (except that tinct. aconite gives something more than 60 drops to the drachm;) and in that dose I have never seen any effects sufficiently marked or violent to occasion alarm. It will also be observed, that the tinct. of the *root* is directed. The U. S. Dispensatory recognizes two officinal tinctures: of the *leaves* and of the *root*. I prefer the tinct. of the root, as of greater efficiency, and more reliable as to uniformity of effect. The tinct. cimicifuga is intended chiefly as a vehicle, but selected with the view to its contributing to the special effect of the aconite.

I have not tried the aconite in acute rheumatism, but in the chronic rheumatic pains, particularly such as aged people complain of, I have seen very excellent effects. Neither have I used it much locally, though with many, even those who do not use it internally, it is a favorite topical application.

There is a form of neuralgia, associated with uterine derangement, which I have frequently met with, coming up sometimes in connection with the catamenial period, or immediately subsequent to it, in which there is pain through the hips, sacrum, and uterine region. Sometimes I have seen this group of symptoms succeed abortion. I remember a case of this kind, where the local distress I have just alluded to remained very troublesome for several weeks, while much of the time there was almost uninterrupted sleeplessness, despite the free use of opiates. The tinct. aconite root, given through the afternoon and evening, relieved the neuralgic pain, and secured a sweet and refreshing sleep through the night.

I have no explanation to give of the *manner* in which aconite acts therapeutically. I offer the suggestion, however, that its action is directly upon the nervous tissue itself. If this be correct, we should find in some sort a key to the irregular action of remedies in neuralgic affections, and some explanation of the fact, that a remedy gives prompt relief in one group of neuralgic cases, while it is apparently void of all effect in a group apparently similar.

These suggestions as to the use of aconite are not given as by any means original, but simply as confirmatory of old known, but not *practically* known truths. The query is naturally suggested, are there not many other active agents sleeping on our shelves, which, if called into service, would materially contribute to the comfort of our patients, and to our own self-satisfaction. Will not, for example, some patient investigator demonstrate that the gungha, or cannabis indica, is a valuable agent, administered *medicinally*, for something more admirable than the unearthly intoxication which is its peculiar manifestation.—*Cin. Med. Observer.*

Belladonna in Hernia.—In the Gazette Hebdomadaire of the 9th of October, we notice the report of a case of inguinal hernia which was relieved after taxis had failed, by the administration of Ext. Belladonna, in three or four grain doses every half hour. The Tinct. of Belladonna was also employed locally by means of a flaxseed poultice.

In the same Journal we find the report of another case in which Belladonna was administered with very great relief to the patient. In this case there was no protrusion of the bowel, but from the symptoms, obstinate constipation, great pain, stercoraceous vomiting, &c.,

it was evident that there was complete occlusion of the bowel. The Belladonna in this case was employed after an operation for artificial anus had been decided upon. The remedy was used in the form of ointment by friction, and as soon as complete intoxication was induced, its good effect was perceptible.—*Atlanta Med. Journal.*

(For the N. H. Journal of Medicine.)

CASE OF TYMPANITIS.

Some time in the Spring of 1857, I was called upon by a single lady, of the age of 65 or thereabouts, who requested advice for a costive state of the bowels, with a feeling of distension in the abdomen, as if from wind, which occasionally passed off in small quantities, with a partial relief to that sensation. The tongue was clear or tolerably so, the pulse regular, and there were no symptoms indicating any particular disturbance of the system, save that complained of. I gave her some vegetable cathartic pills, of which two or three were to be taken every night or every other night, as might seem requisite, and recommended the daily use of some carminitive.

Some three or four weeks after, I was sent for to visit this lady, whom I found still complaining of the same difficulty, but with an increase of the distension of the abdomen, now obviously visible, being enlarged as much as that of a woman in the sixth month of pregnancy. The tumor was equable in shape, firm and resisting, but painless.

Upon inquiry as to the effects of my former prescription, I was told, that the pills had operated well when taken, but that no motion took place except by their action; that, as before, there was an occasional dejection of wind with a sense of relief, though it was but temporary; and that the enlargement of the abdomen had been steadily on the increase. I suspected dropsical effusion, and inquired as to the urinary secretion, and was told that it was copious, even to somewhat of an unnatural amount, limpid and light colored. There was no feeling of peculiar weight in the abdomen, but merely of distension. The patient said that she could walk with ease, and perform her usual occupations with facility; that her appetite was good, and that she felt as well as ever, save as to the distension of the abdomen.

I came to the conclusion on the whole, that the affection was Tympanitis, though I did not feel perfectly sure, having never seen an instance of that malady, nor did I know very well how to treat it. I however advised the continued use of the pills, and gave tonics combined with aromatics. Nothing, however, seemed of much avail. The intumescence of the abdomen steadily and regularly increased, till it reached the full size of mature pregnancy; while still the lady's general health remained unimpaired. After some time, with my approbation, she went to consult a distinguished physician, some score of miles off. He told her decidedly that her complaint was dropsy, and that nothing would do her good but tapping. This she reported on her return, but said that she would not be tapped. I told her that I might be mistaken, but did not feel convinced that her case was one of dropsy, and of course should not advise tapping, at any rate while her general health and comfort were as good as they then were.

My patient then (in Sept.) tried a three or four weeks' visit to Clarendon Springs and the use of the waters there, but returned without any beneficial change. At this time, as she had become tired of the pills, I gave her some strong syrup of Buchthorn, advising her to take enough every day to move the bowels freely. This seemed to suit her very well, operating freely and with a feeling to her of relief while under the use of it; the size of the abdomen seemed not to increase, but on the contrary, slightly to diminish. Encouraged by this, I wished to give a course of Croton oil; but even in pill it was rejected from the stomach with so much distress, that I was forced to desist. Just after trying this, in the latter part of October, my patient had a severe attack of influenza, requiring rather active treatment, with expectorants, diaphoretics, etc. Among other things Colchicum in powder was used for several days, three or four times a day, sometimes conjoined with Dover's powder and sometimes only with a little Carb. Soda; while syrup of Senega and tinc. Sanguinaria were used between, for the cough. After a few days, a disposition to diarrhœa began to show itself, requiring to be checked with Dover's powder; profuse perspiration then en sued, with a cessation of the febrile symptoms; and enormous discharges of wind from the bowels, accompanied with a rapid subsidence of the abdominal tumors. The normal action of the bowels became re-established, and a gentle use of tonics and stimulants soon restored the sufferer to excellent health, without the appearance thus far, of any tendency to the return of her complaint.

S. W.

[The foregoing case was received too late for insertion in the first pages of the Journal.—Ed.]

NEW HAMPSHIRE JOURNAL OF MEDICINE.

MANCHESTER, FEBRUARY, 1858.

The Manchester Medical Association, which flourished for several years, but which has been dormant for the last three years, has been revived, and will hold regular meetings on the first Wednesday in each month.

The Editor of this Journal is permanent Secretary, and will give in the Journal an abstract of the proceedings for each month.

No means of improvement is so cheap and at the same time so valuable as associations of this character; and we feel that the physicians of this city will exert themselves to make the monthly meetings of this association pleasant and profitable to all concerned.

Physicians resident in the adjacent towns are invited to attend our meetings and contribute from the rich stores of their personal observation and experience. Those who reside at too great a distance to appear in person, will confer a favor by sending in reports of cases, or any practical facts which may appear to them to be of value.

Human Histology in its Relation to Descriptive Anatomy, Physiology and Pathology. *With Four Hundred and Thirty-four Illustrations on Wood.* By E. R. Peaslee, A. M., M. D., Professor of Physiology and Pathology in the New York Medical College; of Anatomy in Dartmouth College; and of Surgery in the Medical School of Maine. Member of the American Medical Association; of the New York Academy of Medicine; of the New York Pathological Society; of the Society of Statistical Medicine, etc. *Philadelphia: Published by Blanchard & Lea.*

A few years ago were published a series of essays on different philosophical topics, entitled "Small books on great subjects." By some unaccountable mental association this fact was brought to our mind upon taking up the volume bearing the above title. Not because this is a small book, for it is a portly volume of more than 600 pages, but probably because, while it treats of a great subject, that subject is the study of the minute atoms of which the human body is constructed.

But a few years ago our knowledge of the human body was confined to an imperfect description of its different parts as revealed by a coarse dissection. Slowly and painfully has anatomical science groped its way, daily becoming more and more minute in its investigations. The Chemist and the Optician have lent their aid till now the examination and description of any organ would be considered very incomplete if unaided by the test-tube and microscope.

The object of this work, as given in the author's preface is:—

"I. To give a connected view of the simple chemical elements, of the immediate principles, the simple structural elements, and the proper tissues entering into the composition of the fluids and the solids of the human body.

"II. To associate with the structural elements and the tissues, their function while in health, and the changes they undergo in disease."

The book commences with the simple chemical elements entering into the structure of the human body; then the immediate principles of the tissues, the "last bodies constituting the organism to which the tissues can be reduced by mere *anatomical analysis;* and which admit of no further subdivision without *chemical decomposition*" are carefully described.

Part Second is devoted to both general and special Human Histology, in three divisions; the first treating of "the simple histological elements;" the second of "the fluids of the body," and the third of "the Tissues."

The simple histological element are divided into —

1st. Homogeneous substance.
2d. Simple Membrane.
3d. Simple fibre.
4th. Cells.

The author acknowledges that he has drawn freely upon the works of Robin, Verdeil, Lehmann and Kolliker in the preparation of this work.

The histology of the human body is given fully and completely, so far as known at the present time.

The illustrations are well-engraved wood cuts, very many of them from the works of Kolliker, Todd and Bowman, Lehmann and Bennett.

We feel a peculiar pleasure in noticing this first American book on this subject; from the fact of its being the production of a native of our own State, whose professional life has been spent mostly amongst his native hills; and although this neither adds to, nor detracts from, the merit of the work, we feel that it will add to the interest with which New Hampshire physicians will study the book.

Essays on the Secretory and the Excito-Secretory System of Nerves in their relations to Physiology and Pathology. By Henry Fraser Campbell, A. M., M. D., etc. Philadelphia: Published by J. B. Lippincott & Co.

These essays comprise:—

1st. A new classification of Febrile Diseases.

2d. An exposition of the "Ganglionic Pathology" of all continued fevers, as illustrated in Typhus and Typhoid fevers.

3d. The Prize Essay on the Excito-Secretory system of nerves in its relations to Physiology and Pathology.

4th. A Letter to Dr. Marshall Hall, of London, claiming priority in the discovery and naming of the Excito-Secretory system of Nerves.

All of these except the last, may be found in the several volumes of the Transactions of the American Medical Association.

While there is so much uncertainty as at present as to the true value of the discoveries which are claimed in this book, as well as to the rival claims to the discoveries themselves, little more can be said than that the book is profitable to the physiological student as discussing in an able manner several intricate questions.

Dr. Campbell shows himself to be an accurate observer and his works recommend themselves to the profession.

REMARKS ON PUERPERAL FEVER. *Before the New York Academy of Medicine, October 7th,* 1857. By B. FORDYCE BARKER, M. D., PROF., etc. Reprinted from the Am. Medical Monthly.

We have several times had occasion to commend the productions of Prof. Barker. The paper before us fully sustains our high opinion of his professional acumen. We extract the following passages, and would be glad, did our limits allow, to copy the whole entire.

" First, then, *puerperal fever has no anatomical character*. That there are a great variety of structural lesions found, all will admit. The four principal lesions are, as Dr. Clark has said, those of the peritoneum, of the veins of the body of the uterus, of the lymphatics, of the inner surface of the uterus. And then we have lesions of the pleura, of the lungs, and pus in the liver, in the muscles, in the joints, and pus in the blood. But where we have a group of symptoms so resembling each other that they are almost identical, we do not have constant or uniform structural lesion. They are inconstant in their seat and their amount. In the same epidemic we have the greatest possible variety in their seat and their amount. Lesion of the peritoneum may be present or absent, so of the uterus, so of the lymphatics, and so of the veins. In those cases, which Osiander, Gooch, Locock, and Simpson, suppose to be cases of puerperal fever without lesion, conceding the correctness of Prof. Clark's view, that with a proper examination pus might have been found in the veins of the uterus,—that they really were cases of pyæmia, what does this prove? In legal parlance, I should put in a demurrer. Admit the fact, will any one claim that all cases of puerperal fever are cases of pyæmia, and that inflammation of the inner surface of the uterus, or of its veins, is an essential anatomical characteristic of puerperal fever?

2. *These Lesions are often not sufficient to influence the progress of the disease, or to explain the cause of death.* The most malignant form of the disease, that in which a fatal result occurs the most speedily, offers the fewest and the least striking structural lesions. The longer the disease continues, the more prominent and the more manifest are the organic lesions. Does not this prove that the lesions are consecutive or secondary,—that there is a primitive

source, an original cause of vital depression, which sometimes destroys life so rapidly that there is no time for the development of the secondary morbid alteration. The symptoms are not, then, the result of these lesions, but the result of some specific agent—some morbid poison, which subsequently develops the autopsic lesions. Sometimes this morbid poison so overwhelms the system, that the patient dies in a few hours, without any reactional symptom. It is not in these cases that we have the most marked structural lesions.

3. *We may have inflammation, even to an intense degree, of any of the organs in a puerperal woman, in which the principal lesions of puerperal fever are found, and yet the disease will lack some of the essential characteristics of puerperal fever.* I mean to say, we *may* have peritonitis, or phlebitis, or metritis, in the lying-in woman, and yet the disease will be quite distinct in its mode of attack, in its symptoms, in its morbid anatomy, and in its treatment, from puerperal fever. Take peritonits, for example: it may be excited by a difficult and protracted labor, by the application of cold to prevent hemorrhage, by improper exposure, and by other well known exciting causes. But puerperal fever, with the peritoneal lesion, may attack the patient after most favorable delivery, and without any obvious cause. Then the symptoms of the disease show that it has a special character, for in the puerperal fever, with the peritoneal lesion, the symptoms of the first stage of peritonitis are absent; the peritoneal symptoms are those of the second stage, or that of collapse, as for example, we have diarrhœa very frequently instead of obstinate constipation. The pain in peritonitis commences in the region of the uterus. In puerperal fever the pain often commences at the epigastrium. In peritonitis the pulse corresponds in character with the local symptoms, increasing in frequency as the local symptoms increase, diminishing as they disappear. In puerperal fever, the pulse bears no relation, or at least a very slight one, to the local symptoms. In puerperal fever it is the pulse which tells the story, as to the exact condition of the patient, not the local symptoms. So also we may have phlebitis in the the puerperal woman, and not have puerperal fever. No one, at the present day, would use the term phlegmasia alba dolens, and puerperal fever, as synonymous. Yet this is a phlebitis, a circumscribed, adhesive inflammation of the vein, to be sure, but nevertheless a phlebitis. But I go farther: we may have uterine phlebitis, and not have puerperal fever. The same contrast could be drawn between the two, as regards the mode of attack, symptoms and treatment—the difference being, that the one disease follows the laws of ordinary inflammation, and that in the other the toxæmic origin of the disease gives it quite a different character." * * * * *

"The next point, to which I wish to call attention, is *that the le-*

sions themselves differ materially from those having an inflammatory origin. Prof. Murphy has so clearly pointed out these distinctions that no apology is necessary for quoting them :—

'In *peritonitis* all the arterial capillaries are highly injected: hence the intestines are streaked with bright red lines of capillaries that encircle them. In *puerperal fever* the *venous* capillaries predominate: hence the livid hue of the intestines, and the dusky red color of the patches and streaks on their surface. In peritonitis the lymph which is poured out is adhesive, uniting the different parts like glue. If removed from the surface of the intestine on which it is deposited, the strings of this lymph are broken across, and the surface is rough ; the quantity of serum poured out is not great, and, being lodged in the cavity of the pelvis, may at first escape observation. In puerperal fever, that which we call lymph is not adhesive : it is much more abundant than adhesive lymph, covering the fundus of the uterus, the intestines, the liver, the diaphragm ; it is found, also, in the pleura : its color varies from a dusky brown to a pale yellow : it may be peeled off the liver, the intestines, or the uterus, quite easily : the surface from which it is taken is smooth, and that of the intestines is a dark red color. The quantity of serum is equally profuse ; and this substance being dissolved in it, gives it a lactescent appearance, like pus : hence it is called seropurulent fluid. Thus, when the abdomen is opened, a large quantity of this fluid always escapes. It will be objected that this sero-purulent fluid is also met with in peritonitis. This is perfectly true ; but it is necessary to note the stage of the inflammation in which it is observed. I have never met with it unless in the second stage of the attack. When the patient died in the first stage there was none of it. I conclude, therefore, that in the former instance (the second stage) such effusions only occurred when the constitution was sinking under the attack ; but in the latter, when death took place from a different cause, the effusions noticed were the true products of inflammation. In puerperal fever the greater the intensity of the seizure the less the chance of meeting anything like lymph. In the most intense forms no effusion at all may take place. In a degree less intense, a large quantity of serum, colored brown by blood, is found in the peritoneum and thoroughout the tissues : the lymph poured out is of the same color, having no adhesion to the surface on which it lies, as if the fibrine of disorganized blood had been deposited there. In the next degree, the same kind of lymph, or fibrine is found, of a yellow color, with a quantity of sero-purulent fluid. And lastly, in those cases in which the constitution for a time struggles successfully against the fever, some adhesive lymph will be met with, mixed up with a larger quantity of what I have just described.'

The next argument which I adduce in proof of the doctrine that puerperal fever is a zymotic disease, and not a local phlegmasia, is *that simple inflammatory diseases are not communicable from one patient to another through the medium of a third party.* It may be objected that this argument assumes that puerperal fever is thus communicable, which is not proven, and is one of the points now under discussion. With all due deference to those present who may differ from me, if any such there be, I must be allowed to say that I think no one fact in medicine is better established than this. The question of contagion is not one of abstract reasoning, but one of facts; and of these facts, a few, amounting to positive demonstration, must be conclusive. I should almost feel that I insulted the intelligence of those present by entering into an argument on this point at the present day. Prof. Oliver Wendell Holmes, in his essay on the *Contagiousness of Puerperal Fever*, has brought together an array of facts which must, I think, be convincing to every unprejudiced mind. For myself I would say, with Dr. Blundell, that I had rather those I esteem the most should be delivered, unaided, in a stable, by the manger-side, than that they should receive the best help, in the fairest apartment, but exposed to the vapors of this pitiless disease. I would heartily concur with the emphatic declaration of Dr. Holmes, that "if, on this point, there is any voluntary blindness, any interested oversight, any culpable negligence, even in such a matter, and the facts shall reach the public ear, the pestilence-carrier of the lying-in chamber must look to God for pardon, for man will never forgive him." Now, then, if this disease is thus communicable, is there any other local phlegmasia that is thus communicable? It may be objected that dysentery is sometimes contagious. I think I have myself been through an epidemic of dysentery which was evidently contagious, but I should answer, first, that it remains to be proved that this form of dysentery is simply a local phlegmasia; and secondly, that there is no evidence that a healthy person can communicate this disease from one person to another.

My next argument is that *the prophylaxis of puerperal fever is not the prophylaxis of local inflammation.* In the large hospital of Vienna, from 1840 to 1846, one in every ten mothers delivered perished, chiefly from puerperal fever. In May, 1847, Dr. Semelweiss prevented students from touching parts at the autopsies, and directed all of them to wash their hands in a solution of chlorine, before and after every vaginal injection; and the mortality from this time so far diminished that in 1848, not above 1 in 74 mothers died. Does not this fact prove the toxæmic origin of the disease in these cases, and that the local lesions are secondary—reactive, and have less pathological value than the change which precedes it?

It may be objected that the views which have been advanced as to the pathology of puerperal fever, entirely ignore the existence of an epidemic influence, and that the epidemic influence may give a specific character to the local phlegmasia. From Sydenham, we have learned the phrase "type of the season," and another phrase has come into use, meaning nearly the same thing. viz: "epidemic constitution." Now what is meant by these terms? Clearly they must refer to certain atmospheric or telluric influences which modify the susceptibility of the system to disease, or which increase the virulence of the poison which develops disease. That this influence really exists, acting both ways, I think there can be no doubt. It sometimes produces its influence wholly on the system, diminishing the vital resistance to disease, and rendering inflammatory action asthenic in its type; or the opposite result may be produced. So also, it may increase the virulence of the poison which gives rise to the zymotic diseases. Puerperal fever is most notably susceptible to an epidemic influence. I have thus given my reasons for believing that puerperal fever is an essentiality, that it is a zymotic disease, resulting from the absorption of a specific poison, and that its anatomical lesions are secondary." * * * *

"The treatment of puerperal fever has afforded quite as fruitful ground for controversy as its pathology. I do not propose to review the various plans which have in different epidemics been supposed by violent partisans to be the most successful. I shall only refer to those general principles which should in my estimation govern the treatment—and give a few illustrations of some special methods of treatment. There are no specific therapeutics for puerperal fever. The sooner this idea is dismissed from the mind, the more probable is it that the treatment adapted will have a rational and philosophical basis. No one method is adapted to all types of the disease. It must vary according to the virulence of the epidemic or special poison, according to the condition of the system as to its vital powers when the poison is received, and according to the intensity and severity of its secondary lesions. I should say in general terms, that the indications are: First, to eliminate from the system as much of the morbid poison as is possible by means of depletion and the other evacuants, as purgatives, emetics, diuretics, &c.

Unfortunately this indication, owing to the peculiar character of this disease, can rarely be fulfilled, except to a limited degree. In the opinion of some, venesection is the grand remedial agent for puerperal fever, although, at the present day, the advocates of this measure, as essential to its successful treatment, are few in number. It proved to be the most efficient remedy in the epidemics met with by Gordon, Hey, Armstrong, and in one seen by Gooch. But in other epidemics, we have the testimony of equally sagacious observers, that it could not be borne. It proved an agent of destruction. Prof. Murphy has well made the point, that it may prove useful, where it can be tolerated, as a means of evacuating a certain amount of the materies morbi, thus relieving the central organs in which this poisoned blood has accumulated. It has not been my lot to see those epidemics which would tolerate blood-letting, yet I believe there are some. In sporadic cases it is, doubtless, much more frequently indicated. It seems to me that the principle which should govern our practice in this disease, should be the same as would govern our practice in any other disease. Venesection should never be resorted to simply because the case is one of puerperal fever, but because the symptoms indicate that depletion is necessary. Admitting the pathological view, that 'the fever is a natural effect of intense constitutional irritation, from local inflammation,' it does not follow that blood-letting will be the remedy, or even that it can be tolerated. Rejecting this pathological view, it does not follow that venesection is not sometimes of great importance in the treatment of this affection. I hold that it is equally absurd to insist upon this as the cardinal remedy, as to denounce it as never applicable in the management of this disease. Common sense, not theory, must be our guide in regard to the use of this measure. The same general principles should govern us, in resorting to purgatives, emetics, diuretics, &c. Each of this class of agents has had warm advocates, and have, undoubtedly, been specially indicated, and proved eminently successful in certain epidemics. They are neither to be excluded wholly, or relied upon entirely, in the treatment. They may be indicated in certain cases, but they are only to be resorted to when there are special indications for their use. We are to remember that it is not generally our role to put out the fire, but to treat the burn, and hence the importance of the second indication, viz:

To control the vital disturbances resulting from reaction. These are principally vascular excitement and nervous irritation. It is unnecessary for me to enter into an elaborate argument, to prove the importance of these indications, for it is obvious that by vascular excitement and nervous irritation, the vital powers are exhausted, and death follows. It has been before remarked that it is the pulse which indicates the condition of the patient, much more than the local symptoms. Of the agents for reducing vascular action, we have first, venesection, when it can be borne, which is rarely the case. This means of reducing vascular excitement involves a loss of vital power. But we have, in the Materia Medica, an agent lately brought prominently before the profession, which acts specifically as an arterial sedative, without depressing the vital powers. I refer to the veratrum viride. We are indebted to Dr. Tully, of New Haven, for our first knowledge of its medicinal properties, and the profession in certain parts of Connecticut were familiar with its use long before

Dr, Norwood's name was associated with it. It is simply and solely an arterial sedative. By it the pulse can be brought under voluntary control. For more than twelve years I have been accustomed to use it for this purpose, and for several years I have used it in puerperal fever, and in no disease have I seen its value more strikingly exhibited. It is an agent which requires care in its use, and in those cases where its full effects are required, I never allow them to be left without careful medical watching. The patient must be seen at short intervals. I have never seen any unfortunate results from its use, but I have seen it give rise to very severe temporary depression."

CIRCULAR.

Lyme, N. H., Sept. 1, 1857.

Dear Sir:

Having been appointed "Committee on Surgery," at the last meeting of the New Hampshire Medical Society, I wish to obtain all the information on the subject that may tend to promote the interests of the profession on that important branch; and you will confer a favor by communicating to me, as early as the first of May next, any interesting cases that may occur within your own knowledge.

That the philosophy of Surgery as a science should be more thoroughly studied and advanced, none will deny; and there are but few who may not communicate cases which, if put in some tangible form, will assist in advancing the science of Surgery, the interests of the profession and of the race.

Any statistical facts on "The Influence of Marriages of Consanguinity upon Offspring," will be thankfully received: —

1. The Degree of Consanguinity of Parents.
2. The (approximative) date of Marriage.
3. The Number, Sex, and Condition of Children born to each Marriage.
4. The Number of Children dead, Cause of Death and Age when known.
5. The Constitution, Temperament and Occupation of Parents, with any Habits or Circumstances calculated to either favor or retard the Normal Developement of Offspring.

Yours Respectfully,

ADONIRAM SMALLEY.

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(For the N. H. Journal of Medicine.)

ON ABSCESS.

BY A. B. CROSBY, M. D.

(Continued from page 38.)

CHAPTER X.

Abscess of the Supra Spinatus Fossa.

Abscess of the Supra Spinatus Fossa seems not to have been noticed, or, if observed, not reported. Practical works on medicine and surgery make no mention of it, neither do medical journals furnish cases of this kind.

It is not so much a matter of wonder that new forms and locations of abscess should have been overlooked, since the whole subject has received so little attention from the profession. Besides an autopsy of a person dying of abscess is rare. This may be due to a want of interest in the subject but more especially to the fear of inoculation.

Causes. The causes of this abscess are not peculiar—blows and falls are more likely to induce it than anything else. It is the result either of an acute or chronic inflammation.

Symptoms. This affection is usually ushered in with more or less pain and lameness in the shoulder. Observable heat and swelling may or may not precede these symptoms. It is quite likely to be mistaken for rheumatism or neuralgia.

If that much abused entity, the liver possessed intelligence it would without doubt rejoice exceedingly in neuralgia as a fellow pack horse to carry a part of the load of obscure affections.

Usually an examination will show the affected shoulder somewhat rounded and plump. The neck, which is stiff shows an unusual fullness, extending downward over the clavicle. As the swelling increases the pain is greatly aggravated.

There is considerable general disturbance indicated by febrile symptoms and loss of appetite. There is a gradual and steady emaciation of the opposite shoulder, trunk and extremities.

Decubitus shows the patient with his shoulders raised, inclined to rest upon the sound side. The affected shoulder presents a uniform hardness to the touch and is somewhat œdematous.

Osteo-sarcoma, malignant fungus and "obscure affections" may get the credit of the mischief and the loss of the scapula or clavicle is hinted at.

After many months of severe suffering, fluctuation may be detected on the anterior thorax, in the axilla or on the side of the arm. A consideration of the anatomy of this region will at once point out the direction by which the pus will attempt to escape. It may form in the areolar investment of the muscles, and seek an exit along the course of a given muscle. It may pass out from the fossa by the notch at the root of the coracoid process and point in the axilla or somewhere on the side of the body. Again the pus may follow the sheath of the supra spinatus muscle to the head of the humerus, pass downward and show itself at or near the insertion of the deltoid muscle.

Symptoms of thoracic disease may supervene and should the abscess point about the thorax, a serious error in the diagnosis may be the result. If it points above the shoulder it may be regarded as an affection of the joint.

After years of suffering the patient dies from the effect of the discharge.

The wisest and most experienced, no less than the novice, in surgery, needs to make a thorough examination of these cases. It is often more difficult to establish the fact, that there is no disease requiring treatment in a given case, than to satisfy ourselves what the disease is. In this "science of obscurity" it is frequently of far greater moment to establish a negative than a positive, although the latter might increase our reputation and fill our pockets.

When the lady presented herself to Mr. Abernethy and told him it hurt her to raise her shoulder the learned wag consoled her by telling her not to do it, and paid no farther attention to the matter. Nevertheless the lady was naming the most prominent symptom of an approaching disease.

The relations of the shoulder joint to the body are intimate and important and any obstruction to its free movement should receive the most careful attention.

It is in the chronic form that the disease will be probably overlooked and imperfectly treated.

Treatment. When this disease is acute in its character the antiphlogistic plan of treatment should be thoroughly exercised. If there is considerable constitutional disturbance with pain, redness and swelling of the affected shoulder, venesection may be resorted to with advantage.

This may be followed by a cathartic like the subjoined:

℞. Hydr. chlor. gr. vii.
Pulv. colchic, gr. v.
Pulv. Opii. gr. ss. M.

Let this be taken and followed in four hours with an active effervescing draught.

Antimony may be exhibited, as in the second prescription on the forty-first page, until a sufficient impression is made on the pulse and skin. With this some of the preparations of opium may be combined to procure rest and relieve pain.

The most efficient local means to be employed are cups or leeches. These should be freely applied until the tenderness is relieved and the pain soothed.

When these means have ceased to avail, counter irritants offer the most in the way of relief. A succession of blisters may be applied and continued until the fullness and induration about the shoulders subside.

The first appearance of fluctuation should be carefully watched for, and a free opening made for the escape of pus. If it occupies the bottom of the supra spinatus fossa, it cannot be evacuated without making an opening through the spine of the scapula. An incision may be made nearly parallel with the spine and a button of bone removed with a small trephine—or an opening made with a gimlet.

If the pus has succeeded in escaping from the fossa, and given rise to sinuses, they are to be treated with moderate compression and injections.

If an energetic treatment has been neglected in the early stages, or if the affection has been chronic from the outset and hence neglected, a fatal result is almost sure to ensue.

My father from whom I have derived this history of supra spinatus abscess has furnished me with the appended cases, types of their class and significant of the danger to be apprehended.

Case I.

Mr. B——— a man of middle age, had been subject to attacks of pain and lameness in the left shoulder for several years. Sometimes for weeks his labor had been interrupted and he would then recover so as to return to his usual avocation.

The shoulder gradually enlarged and became stiff. The patient complained of lameness, and an inability to raise the arm without pain. After a time he was incapacitated from work and inactive was confined for some months to the house, and part of the time to his bed. The most marked symptom during this time was a gradual enlargement of the shoulder.

Fluctuation was at length detected near the insertion of the deltoid muscle and an opening effected by the knife. The discharge of pus was free and attended with considerable relief to his sufferings. The mobility of the shoulder was in a great measure restored. Tumefaction gradually subsided and the patient was able to walk about and overlook his business.

A probe was introduced into the opening previously made and passed directly upward until its point could be distinctly felt beneath the deltoid muscle. An incision was made down upon it and the point of the probe made its appearance. Another probe was introduced into the new opening and readily passed beneath the acromion process into the supra spinatus fossa. It was evident that this was the original seat of the abscess.

An incision was made below and nearly parallel with the spine of the scapula. A small trephine was applied to the under surface of the spine and a button of bone removed.

Water injected through this opening in the spine made its appearance at the incision through the deltoid. A tent was introduced into the opening on the scapula, with directions that it should be renewed every day. A compress was applied as well as it could be, to the shoulder.

This patient was seen only once in consultation and no attention was paid to the directions in the subsequent treatment. He lingered many months and at length died from the exhausting discharge. A post mortem examination was not permitted.

CASE II.

Mr. M——— aged thirty, had an enlargement of the left shoulder with symptoms very much like those in the preceding case. The affection was respectively diagnosticated as rheumatism, synovitis and obscure malignant disease. The treatment advised for these different evils had not met with very desirable results.

On examination fluctuation could be detected both above and below the spine of the scapula. It was decided to be a case of supra spinatus abscess, and a free incision was made which gave exit to a gill of well formed pus. The fullness on the top of the shoulder was not very much diminished. On the next day however a sudden motion of the patient produced a copious discharge from the abscess and the size of the shoulder was very sensibly diminished thereby. Considerable tumefaction still remained just anterior to the clavicle.

Symptoms of thoracic disease soon showed themselves by cough, chill, hectic and emaciation. Death occurred not long after, putting an end to the sufferings of the patient.

An autopsy revealed the fact that the pus had escaped through the notch at the root of the coracoid process and excited carries of the ribs. The thoracic wall was at length perforated, the pus passing downward behind the pleura costalis.

The history of the foregoing cases goes to establish the position that the application of the terms rheumatism and neuralgia to affections of the shoulder will not always prevent inflammation from proceeding in its usual course, and terminating in one of its most common results. A knowledge of these facts may lead us to make a careful examination of the shoulder when diseased, and consequently lead us to a more correct diagnosis and a more appropriate and successful treatment.

It is indeed true that it is not a little difficult to decide upon the exact character of local difficulties. It is no less difficult to decide whether the necessary treatment shall consist of rest, a stimulating embrocation or a simple ridicule of the patient's fears and pains.

The one course may lull him into insecurity or the other force him into silence. But it would, to say the least, in a disease of such moment, be safe to award to it a careful examination and a rational treatment.

EXTRACTS FROM THE RECORDS OF THE MANCHESTER MEDICAL ASSOCIATION.

The regular monthly meeting was held on Wednesday, Feb. 3d, DR. BROWN in the chair.

DR. JOSIAH CROSBY read a paper on "Diet for the Sick." After which the subject was discussed by the members present.

DR. CROSBY urged the importance of using such food as will increase the secretion of the digestive organs—solid food is often preferable to liquids; increases the diet of his patients as the disease progresses; usually gives animal food during the third week of the the disease—thinks the patient will usually be benefitted by chewing solid food when they incline to do so;—thinks much of the dryness of the mouth and derangement of stomach may be often relieved by some kinds of solid food.

DR. BROWN:—Thinks whatever food the patient takes should be taken slowly and well masticated, and thinks solid food well chewed is often beneficial; gives flour or rice gruel and in the latter stages adds milk or cream to the gruel.

DR. HUBBARD:—Withholds nourishment in the first stages of acute diseases;—is inclined to give food early;—usually as soon as the patient desires;—uses milk in such quantities as the stomach will bear;—often finds solid food preferable to liquids;—thinks tea and coffee valuable in many cases.

DR. WHEAT:—Believes in nourishing his patients;—finds they often prefer milk to gruel and that it is often digested better than gruel.

DR. ELLIOTT;—Thinks that in very many cases such as fevers accompanied by garthic irritation, any kind of solid food is inadmissible;—would give in such cases next to nothing;—thinks a rigid diet advisable;—thinks indian meal gruel is not advisable on account of its tendency to sour;—prefers rice;—thinks if too much nourishment is given at first the patient will need tonics afterward;—thinks if we give much food we shall need to give cathartics which he deprecates, in fevers especially;--is not in favor of milk in the early stages of fever.

DR. BUCK:—Prefers milk to any other article for common use;—thinks milk is more perfectly digested than any other article and leaves less feculent matter;—believes that all those articles which retard the metamorphosis of tissues, such as tea, coffee and alcoholic liquors, should be used, where the patient demands them;—is governed very much by the desires of the patient.

DR. NELSON:—Has had personal experience of the effect of the gastic acids on the stomach and its reflex actions on the nervous centres;—has not been able to use milk in fevers;—in cases of children has found it to sour on the stomach and cause vomiting;—prefers a coffee made of roasted rice;—related many facts concerning his own sufferings from Dyspepsia in former years.

DR. DAVIS:—has withheld nourishment of all kinds in the first stages of inflamatory cases;—uses gruel of rice or flour with milk or cream;—gives milk in scarlet fever often with gin;—often gives tonics in the last stages of fever;—seldom gives cathartics in fevers;—has allowed patients in fever to go two or three weeks without a motion of the bowels.

DR. MORSE;—Depends more upon diet than medicine;—consults the habits of his patients often in the early stages of disease;—uses milk, thinks it should be diluted;—uses raw eggs and finds them easily digested;—thinks the gastric juice in some fevers is often poisonous.

Dr. Tewksbury:—Consults the desires of his patients;—uses gruel and milk;—likes oyster broth containing milk.

Dr. Bunton;—Seldom uses milk;—prefers flour gruel, sometimes with cream added;—uses oyster broth and other animal broths.

ABSTRACTS FROM THE MEDICAL PRESS,

WITH NOTES BY THE EDITOR.

Puerperal Fever.—In our last No. we gave some extracts from Prof. Barker's remarks (before the New York Academy of Medicine) on Puerperal Fever, but were prevented by want of room from copying so extensively as we intended. His opinion of the respective value of veratrum-viride and opium may be gathered from the following:

"One of the most important indication we are called upon to fulfil, in the management of this disease, is to allay nervous irritation. There is no doubt that the most frequent of all the lesions of puerperal fever, are those of the peritoneum, and that the disturbance to the nervous system is much more severe than from any other local cause. It is well known to most of the profession that within the last four or five years, this has been treated by heroic doses of opium, or some of its preparations. It has long been used by the profession in the treatment of peritonitis, and Graves and Stokes have demonstrated its great value in idiopathic, or traumatic peritonitis, but to Prof. Clark belongs the honor of fully testing it, in what he calls puerperal fever with peritoneal lesion. This is his own ground, and I will not encroach upon it, inasmuch as we hope to have, in detail, the results of his enlarged experience. I have treated a few, a very few compared with him, by this method. It is astonishing to see to what extent patients will tolerate opium, where the peritoneal lesion predominates, but it is only in this form of fever that this great tolerance exists. The quantity given in some cases, without producing narcotism is enormous. But there is one point to which I wish to call attention, and that it is a test whether the action of this drug is proving beneficial or not. If opium be pushed to incipient narcotism, or a point little short of it, a gradual decrease in the frequency of respiration results. In some of my cases, the respiration went down to 14, 12, and 10 per minute. Now, then, the opium treatment is acting beneficially, when, in connection with the reduction of the frequency of the respiration, there is a corresponding decrease in the frequency of the pulse, but if the opium is pushed to the point of incipient narcotism. the respiration growing slower and slower, without a corresponding decrease in the pulse, I should say the opium treatment is to be abandoned at once. In one case that occurred at Bellevue Hospital, some two years since, the opium had been pushed to such an extent, that galvanism had been resorted to to make her breathe. When I saw her, the respirations were 10 and 11 per minute, while the pulse was about 140 per minute. Seeing this slow respiration, with the frequent pulse, I suggested that no more opium should be administered, as I thought its continued use would be likely to overwhelm the vital powers. The veratrum viride was then given, and in a few hours the pulse came down below 80. This patient eventually recovered. I will state, then, as my conviction, that in that class of cases where the peritoneal lesion predominates the opium treatment has proved successful to an extent which no other has."

At the December meeting of the Academy the discussion was resumed and Prof. A. Clark said:—

"That as much time had elapsed since he was first honored with the attention of the Academy on this subject, he would take the liberty of recapitulating the positions he had taken in regard to the nature of puerperal fever. He had expressed his concurrence in the views of those who believe the disease to be contagious, and had spent a little time in considering the different doctrines relating to the means by which the contagion is conveyed from one person to another. He had stated that in his belief the disease is composed of two elements, a fever and an inflammation. In this respect, it resembles the epidemic dysentery, the epidemic erysipelas, or small pox. He had already stated that in the epidemic erysipelas which prevailed in New England, and in the Western States, from seventeen to ten years ago, these two elements were as clearly distinct, in the time of their developement, as they are in small pox. A febrile movement, lasting a variable time, attended by swelling of the tonsils, and of the superficial and deep seated glands of the neck, preceded the grave inflammatory lesion; and when this latter made its appearance, one, two, or three days after the fever commenced, it was an erysipelas of the head and face, of the lower extremeties, the body, side, or arm ; or it was a pleurisy without any external inflammation, or a peritonitis, or indeed, almost any internal inflammation. In lying-in women, and those in the puerperal state, it assumed the form of puerperal fever. In these various modes of developement, it seemed as if the same poison was demonstrating its morbific power by lighting up a fever first, and kindling an inflammation afterwards, the double effect of one agent. He had expressed his belief that the fever of the puerperal disease was just as certainly followed by inflammation, as the fever of small pox is followed by an eruption, complete or incomplete ; and as the fever of small pox never endangers life till the eruption, or some other modification of it occurs, so he believed the puerperal disease is never fatal, but by the aid of its inflammatory element. These comparisons, however, illustrate nothing more than the compound nature of this fever, the succession in the two leading elements follows a very different law ; for while small pox fever requires two days to reach its eruptive stage, and epidemic erysipelas one to three days to, reach its inflammation, the puerperal fever, like epidemic dysentery is followed promptly by its local lesion, commonly in a few hours, often in one. He believed in the communicable character of the disease, and this independent of other reasons would almost compel him to believe in its febrile nature. He believed in the inflammatory lesions, because their constancy is testified to by every accredited observer, except in a few rare instances.

These rare instances were the cases, which, in the belief of Simpson, Gooch, and others, were without lesion of any kind—a simple fever, the poison of which overwhelmed the vital powers. It was his object, on a former occasion, to show that these cases were no exceptions to the general rule, but that they were really marked by inflammation, like the others, but that the inflammation was one that had escaped detection, that it was an endometritis, and that the inflammation affecting the inner surface of the uterus, involved the open or valvular mouths of the uterine veins, and might produce purulent contamination of the system while no pus was found in the veins themselves after death. The evidence of this was in the inflammatory exudation on the inside surface of the uterus ; the redness of the uterine structure, penetrating a minute distance from within outward ; the symptoms of pyæmia, and the discovery of pus in distant organs. To present this idea was the chief object of his former remarks ; and to give it distinctness, he had referred to and recognized the then commonly described inflammatory lesions, viz. the peritonitis, the purulent phlebitis in the uterine sinuses, and the purulent inflammation of the uterine lymphatics. These, together with endometritis he had stated were the primary inflammatory lesions, and that there were other organs subject to inflammations in a subordinate and secondary degree.*

These were some of the views that he had presented at a former meeting, and he recapitulated them now to correct any erroneous impressions which might be formed from the condensed report of his remarks published in the medical Journals."

After alluding at some length to Dr. Barkers remarks and giving his own opinions of the pathology and illustrative cases he said:

"Farther on, he might have occasion to remark on one or two of the other positions taken by Dr. Barker. It was sufficient for the present to say that the only question of importance on which they differed was—whatever might be the poisonous influence which produces the disease; foul air of an ill-ventilated or over-crowded apartments; the contagious principle given off by the sick person; the contamination of erysipelas; or septic poison from a dead body, operating on the peculiar susceptibilities of the puerperal state;—whether puerperal fever, however produced, is really ever fatal before inflammation of some sort is developed, or without the concurrent agency of such inflammation. The argument of Dr. Barker had not convinced him that the ground he had taken at an early stage of this discussion was not defensible; and he again submitted to the Academy, to be tested by their future, not by their past experience, whether the form of puerperal fever, heretofore regarded as fatal without demonstrable lesion, is not the *fever* with *endemetritis*, and consequent pyæmia or septico-pyæmia."

The remarks of Dr. CLARK on the treatment of this disease by Opium, we copy entire as they embody some of the most valuable practical facts which have ever been presented.

"In turning to the treatment of puerperal fever, Dr. Clark said he was aware that he was expected to speak, not of the treatment in general, nor of the different modes of treatment adopted by physicians, but of the effects of opium. This would be the scope of his remarks with only such additions as his observation had enabled him to make of the effects of veratrum viride and of one or two other agents. To show how his mind was led to rely on opium as a remedy in this disease, he would ask the indulgence of theAcademy, while he recited the history of the exclusive opium treatment in simple and traumatic peritonitis.

The treatment of ordinary peritonitis, for which the graduates of the College of Physicians and Surgeons, and the pupils of the New

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* In making this classification of the inflammations, Dr. Clark did not mean to say that they were the earliest evidence of the morbid impression made upon the system; he meant to state simply, that among the inflammatory changes, those in the peritoneum and uterus were first in time and importance.

York Hospital, have the sanction of those institutions, to as late a date as 1836, and probably till several years after that time, consists in bleeding, leeching, and the use of calomel and opium; the calomel, given with the view of affecting the system as promptly as possible, and the opium to retain the calomel, being given in grain and half grain doses. Indeed, these were the means relied on by nearly the whole profession. In 1841, however, visiting Woodstock, in Vermont, Dr. Clark met there Dr. B. R. Palmerand Dr. H. H. Childs, and he found that these gentlemen had become attached to Armstrong's method, as it is commonly called. He saw, with Dr. Palmer, patients treated in that way doing much better than on the more generally adopted plan. In the spring of 1841 '2 or '3, probably in one of the earlier years, talking of these case, Dr. Clark suggested to Dr. Palmer that probably opium was the curative agent in peritonitis, and that the bleeding might be safely omitted, if the effects of the drug were steadily kept up. The next season, when they met Dr. Clark was able to report an increased confidence in his suggestion, for he had tried opium alone, and had been successful. This statement he makes on the authority of Dr. Palmer, for in the lapse of years he had himself quite forgotten how the thought originated. From that time, neither he, nor Dr. Palmer had bled a patient with this disease, and he remembers but one instance in his own practice in which leeches have been used; and Dr. Palmer is now in the habit of saying, that with this treatment, peritonitis is no more formidable than a pneumonia. Up to 1850, Dr. Clark had treated eight cases successfully. In that year he saw his first unsuccessful case. The subject of the disease was a gentleman of some distinction, seen with Drs. Bulkley and J. M. Smith. In that case, however, it is proper to add, the disease probably gained much force, under the mask of a diarrhœa, before its true nature was recognized. Since that time he has lost but two in private practice, one in the practice of Dr. Gilman, and one in that of Dr. McNulty. In the first of these, there were some grounds for suspecting perforation, and in the second that accident was demonstrated after death. In the hospital there has, perhaps, been one death from the same cause in that period.

It was not till he had tried the opium in puerperal peritonitis that he became aware that his experience was but a confirmation of earlier observation; but it soothes his vanity somewhat, that among the many physicians here and elsewhere who talked about and adopted the treatment, there were none who, at that time, could enlighten his ignorance. The reports of what Drs. Graves and Stokes had done, in the fifth volume of the Dublin Hospital Reports, had either not been seen by New York physicians, or had attracted but little attention, and had been forgotten. It is certain that the suggestions of Drs. Stokes were not adopted by the profession here, and, so far as is known, had not influenced the opinions of any practitioner in the city. In Dr. Graves' "Clinical Lectures," by Neligan (p. 244, vol. ii.), the following passage occurs: "The first case in which I used opium in peritonitis occurred in 1822, in the old Meath Hospital. It was that of a woman in whom the inflammation set in after the operation of tapping for dropsy. The case seemed so hopeless, and the sufferings of the patient so intense that I was induced to order opium in large doses. She also got wine. To my astonishment she recovered. I afterwards published with Dr. Stokes our conjoined experience of the efficacy of this plan of treatment, in the fifth volume of the Dublin Hospital Reports." He adds, and the addition has a certain degree of significance; "The use of opium, in the form of peritonitis then described, is almost universally adopted," (that is, almost universally in Ireland). Dr. Graves, then did not propose opium as a remedy for *peritonitis*, but for peritonitis *of a particular form.*

The following extracts from Armstrong's Lectures will explain his plan of using opium: 1. "The first and main remedy is blood-letting, carried to approaching syncope." 2. "As long as the tongue continues moist, opium with blood-letting may be considered a sovereign remedy. "As soon as the patient recovers from the syncope, given him, if an adult, three to five grains of opium." He goes on to say that if in four hours the pain returns, the bleeding should be repeated, and the patient should take two grains of opium, *with calomel*; and if two hours later there is still pain, he directs still another bleeding, and one and a half or two grains of opium, *with calomel.* "The opium," he says, "tends to arrest the secretions of the liver, but when combined with calomel, it has not that effect. Whenever, therefore, you repeat the opium, give calomel with it." The estimation in which Dr. Armstrong holds opium is emphatically announced in the following citation; "If I were subject, etc., and were only allowed to have opium or blood-letting, I would choose opium, though I would prefer both together."

Thus it appears that Graves proposed the use of opium for a particular form of peritonitis only, and Armstrong used it only as an auxiliary, though regarding it as rather the more benevolent agen- among those he had chosen. It is not improper to add that the latt ter author startles our confidence a little, by a somewhat braggart air, and by figures that appear to us very large. He says: "I have treated nearly *three hundred* cases, with a success far greater than I have had from any other plan; and I could defy all the physicians of this country to show any more successful practice." Dr. Watson, in his Lectures (Am. Ed., 1847, p. 737), referring to the use of opium in peritonitis, says that; "A pamphlet was published some years ago, by Mr. Bates of Sudbury, recording some striking cases of recovery from severe peritonitis, under large and frequent doses of opium, and a rigid adherance to the horizontal position." It was not stated whether bleeding was resorted to in those cases or not. But Dr. Watson is not convinced of the propriety of relying on opium, either by Mr. Bates's pamphlet, or by the cases of Drs. Graves and Stokes, which he reviews; for he says: "To sum up, then, *bleeding, and calomel, and opium* are to be resorted to for checking the inflammation." "The opium," he says, "allays pain, and perhaps relaxes spasms; *mercury tends to arrest the inflammatory action.*" Dr. Clark presented the facts in this form, to secure for the opium treatment all the importance to which such independent and concurring observations should fairly entitle it.

But the history is not yet concluded, for said Dr. Clark, If I may not claim for myself the priority of the discovery, by just so much as I esteem it useful, I am happy to be able still to claim it for my country. To you, [addressing the president,] our acknowledgements are due for having preserved on record the fact that the late Dr. Wright Post, of this city, used this *magnum donum Dei*, to combat inflammations, before either of the physicians, whose authority is now so often quoted. Dr Post, it seems, used opium in large doses "*for its paralyzing influence over disease*" of an inflammatory character, as early as 1804, and for enteritis in 1810, perhaps considerably earlier for he seems to have been familiar with its use at that date. This pamphlet was published in 1829, before I was myself a student of medicine, and I became indebted to Dr. Van Buren, two or three years ago, for my first opportunity of perusing it. It is entitled a "Biographical Memoir of Wright Post, M. D., late Professor of Anatomy, etc.; and contains a letter from Dr. F. G. King, addressed to the author, which details these facts. It is worthy of republication at this time, when the virtues of opium are undergoing renewed investigation.*

The details of this opium treatment of peritonitis are so near identical with those of the same treatment applied to puerperal fever, that the management of the two diseases can be most conveniently spoken of together; and the hour being far advanced, it is better that both be postponed till another occasion. It is, perhaps, proper to say in closing, and in anticipation of what is to be said hereafter, that my confidence in the opium treatment of puerperal fever, with peritoneal complication, is in no degree shaken by accumulating experience, but is rather increased; while its usefulness is that form of the disease which is attended by prudent infection, han not been demonstrated, at least, as an exclusive method.

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* See Dr. Kings' Letter to Dr. Mott.

' NEW YORK, Feb. 5th, 1829.

MY DEAR SIR,

In reply to your inquiries as to the use of anodynes and opium by the late Dr. Post, I have to remark, that in conversation with him some two years past, relative to Dr. Armstrong's practice in inflammatory diseases, he told me that the use of opium, as recommended by that gentleman, (except in *larger doses*,) was corroborated by his own experience for a long series of years, and that to him was by no means a novelty: for that in 1804, he was called to a child about three years of age, suffering under a violent pneumonic attack, accompanied by pain, cough, and febrile excitement. That he accordingly bled, blistered and evacuated the patient, afterwards placing him under the use of antimonials, but all without benefit. Matters proceeded from bad to worse, until the child, exhausted by constant cough and excessive restlessness, seemed nearly at the point of death. Under these circumstances, he determined to quiet all these irritating symptoms by a powerful anodyne, and accordingly exhibited 60 drops of laudanum. Two hours after, he was called to the child, then supposed by its parents to be dying. He found the features sunken, the surface covered with a cold clammy sweat, and secretions of an unpleasant appearance about the eyes and nostrils, but the pulse had diminished in frequency, and was more full; the respiration was slower and everything indicated the full and desired action of the anodyne. The parents were astonished to hear the physician say that the child would soon be better. The next morning all untoward symptoms had subsided, and the child became rapidly convalescent and recovered.

This was his first trial of anodynes in such affections; his *experiment* if you please; but a few months afterwards, a similar case occurring, he immediately resorted to the anodyne; depletion and evacuants having been premised, and with similar success, since which period he has generally continued that mode of practice; latterly, however, substituting the Dover's powder in place of laudanum, in pneumonic attacks.

In 1810, he was called in consultation upon a gentleman in Jersey, suffering under enteritis. He found that he had been repeatedly bled, blistered and evacuated, but to no advantage; the pain still continued acute; the pulse was small, frequent and corded; the skin dry and hot. Under these circumstances he suggested the propriety of exhibiting a powerful anodyne, in order to quiet all irritation, and give nature an opportunity of recovering herself. After a little hesitation on the part of the attending physician, it was finally determined to adopt the course proposed, and 100 drops of laudanum were directed; an hour elapsed—no sensible effect having been produced, when the *dose was repeated*, and in half an hour the patient was under its full influence. He awoke the next day free from pain or tenderness, and so recovered. The same gentleman has been frequently attacked since with the same affection, and uniformly after being bled and evacuated, he has recourse to his anodyne, which rarely fails to quell the disease. But to be efficacious, the dose must be *heroic*, at least such was the opinion of Dr. Post, who often remarked that practitioners, especially in England and France, were not aware of the value of opium in inflammatory diseases, for even when employing it in such cases, their doses were too trivial to exert any marked influence over the malady. He himself always exhibited it under the opinion, that to obtain its soothing effect upon the system, and its *paralyzing* influence over the disease, it must be given in large doses. In diarrhœa and certain conditions of dysentery, after having cleansed the passages, he employed laudanum or Dover's powder with the happiest effect; in fact, he rarely used much else than salts and Dover's powder in diarrhœa, in adults. In his own case he was no less prodigal of anodynes than with his patients. Being, as you well know, for many years a constant prey to pleuritic affections, his treatment of himself was short and efficacious, viz., blisters and purgatives, followed by 80 or 100 drops of laudanum, which quieted his cough—allayed pain, and soon placed him in condition to resume his business.

In conclusion, permit me to state an occurrence which took place under my own eyes, two years previous to his death. He was then violently attacked with pleurisy, accompanied with much fever, for which he had been purged and blistered. and at the period in question, was under the use of antimonial. At this time he directed me to give him 70 drops of laudanum. I remonstrated, directing his attention to the dryness of his skin, its increased heat, and the frequency and hardness of his pulse. His answer was, " believe in my experience rather than in your theory; give me 70 or 80 drops of laudanum, and an hour will convince you of its propriety." It was given, and within an hour his pulse became calm, full and slow; his skin was covered with a gentle perspiration, and his condition strikingly improved. He left his bed the next day, and frequently since has he said to me, " I think I have given you a clinical lecture that you will remember."

Such, my dear sir, are the facts concerning which we some time since conversed, and if they can be of any service to you, employ them as you think proper. Yours truly,

F. G. King.

To V. Mott, M. D.' "

Cholera.—We copy from the Virginia Medical Journal the following excellent facts and observations in relation to the "*New Cholera Epidemic.*"

"That mysterious and fatal scavenger of the nations, epidemic cholera, has undoubtedly for the *fourth time*, commenced to march from its constant habitat, the Indian jungles, westward. Slowly it follows the same road already fearfully marked with the graves of its numerous victims, crossing the broad realms of Russia, and taking the route by the Baltic sea, until we are justified in declaring with great confidence, that it will eventually, after passing over the British isles, be again the unwelcome visitant of our own land. Having approached sufficiently near the western countries of Europe to enable the journals of Great Britain and France to obtain reliable statistics, we have selected from these periodicals several items of interest to our readers.

'From the 20th of September to the 11th of October, 208 cases have occurred at Dantizic, of which 100 have proved fatal. A third part of the cases with only a twelfth of the mortality occurred among the military. The entire number of persons who have fallen a sacrifice to cholera in the province of Dantzic, during the seven years in which it assumed an epidemic form, (1831, 7, 1848–9, 1852–3, and 5,) amounted to 73,000; no other province of the Prussian monarchy having suffered to the same extent. In the district of Konigsberg 988 cases have occurred to the end of September, of which number 526, died 320 recovered, and 283 remained under treatment. At Stockholm, to the 9th of October, 818 cases have occurred, with 592 deaths.'

Our English cotemporaries announced to the public, early in October, their fears of the approaching pestilence, and appealed to their government and the profession to prepare for that event. Cholera having become epidemic in Hamburg about the first of September, it was at once remembered that, judging by past experience, its next leap would land it on the English shores; and on this point the editor of the Medical Times and Gazette uses the following prophetic language:

If past experience is to be trusted as a lesson for the future, we cannot fail to learn that we are threatened with another invasion of cholera, and that it will arrive, as it did on both its former attacks, from Hamburg. Between the 29th of August and the 6th of September, there were 239 cases, of which 136 proved fatal, in that city. We have not received later accounts of the exact number of cases and deaths, but we have been informed that the mortality has been very large. Dr. Webster, in his late northern tour, followed in the track of the pestilence from Konigsberg westward. He describes the severity of the epidemic as extreme. At Upsala the university had been closed, and many of the inhabitants had fled. The board of health, then, is certainly not premature in issuing a circular of precautionary advice to local boards of health. Cleanliness, ventilation, pure water, are the great objects—the public health act, the nuisance removal act, and the common lodging house act, the means of effecting them. We trust that all will join cordially in assisting the local boards to exercise their powers to the fullest extent, in the hope of meeting the common danger; and, as an additional precautionary measure, we trust that the most stringent instructions will be given to our custom house authorities to prevent a direct importation of the disease. We are perfectly aware of all the arguments against quarantine and the contagiousness of cholera; but we still think that it would be a most culpable piece of neglect and infatuation to admit cholera patients arriving from Hamburg or elsewhere to unrestricted intercourse with the inhabitants of any of our ports.

At this time also the general board of health took the alarm, and addressed the following precautionary advice to the local boards throughout the country. We quote extracts from their circular, as they contain valuable advice—the result of the observation and experience of the past:

'Gen. Board Health, *Whitehall*, Sept. 29.

Cholera has again become epidemic in several of the Baltic ports and at Hamburg. On each of the three former occasions, when the disease has visited England, its first appearance in our eastern seaports followed closely on its epidemic outbreak in the last named city. During the past three months there has been observed in London, and some other parts of England, a very unusual fatality from diarrhœa; and this derangement of the public health is such as, on the previous occasions referred to, preceded the commencement of the epidemic periods of cholera. The general board of health deems it expedient to call the attention of local boards of health to these facts, and most earnestly recommends that the powers vested in such boards for the protection of the public health be exercised from the present time with especial vigilance. As regards the exercise of these powers with particular reference to the prevention of cholera, the most important security for the public health is to be found in the fulfilment of two conditions: First. That the air within and about the dwelling places be not contaminated with offensive organic effluvia, such as arise when the houses themselves are ill ventilated, overcrowded, and unclean, or when their refuse is not properly removed from them by drainage or otherwise, or when any filthy accumulations exist in their neighborhood. or when the local sewerage is defective. Secondly. That the public supply of water be, as far as possible, unpolluted by any kind of animal or vegetable impurity; for where cholera is present or impending, no house can be considered safe for habitation in which there is any offensive smell of animal refuse, or of other putrefactive animal or vegetable matter; and no water can be considered safe for drinking into which there flows (as is often the case with rivers and with wells in the neighborhood of houses) any habitual discharge of town refuse, or accidental soakage or leakage from drains or cesspools.

The general board of health would earnestly direct the attention of local boards to these cases. They (with many similar facts,) support the conclusion which, at the close of the last epidemic, was adopted by the medical council of the general board, to express the present state of scientific knowledge as to the causes of cholera: 'The doctrine of epidemic cholera, which has gained almost universal acceptance, does not affect to explain what may be that power—the exciting cause of the epidemic manifestation, which at intervals of time has forayed from place to place about our globe, sometimes vaguely spreading over a widened area, sometimes seeming to move in more defined procession, and which now for the third time has shed its fatal influence on our land, but with this mystery still unsolved, there has grown more and more into shape a doctrine which is both intelligible and practical—that the undiscovered power, in its wanderings, acts after the manner of a ferment; that it therefore takes effect only amid congenial circumstances, and that the stuff out of which it brews poison must be air or water abounding with organic impurity.' It is possible that no human efforts may suffice to avert the course of that epidemic ferment which thus, at certain intervals of time, comes as it were, to test the sufficiency of our sanitary defences. But public authorities, armed with the existing powers of the law, can do almost every thing to render the mysterious influence innocuous by removing those local conditions through which alone it is enabled to destroy life in this climate.,'

This earnest and prompt action by the leading journals and medical authorities of England, was not the result of causeless fear, but the wise instincts of accurate observers. On the 8th of October a case of genuine cholera occurred in Westham parish, which is on the river Lee, about two miles from the Thames, and on the direct road between Horselydown, a port having a large cattle trade with Hamburg, and London. Twelve cases appeared, and the Medical Times and Gazette announces the intelligence in these words:

'Cholera in a virulent form, is amongst us again. We have been informed by Dr. Elliot, of Strayard-green, that he has had twelve cases, of whom six have died, in a row of small houses in Westham parish, about a hundred yards from the river Lee and two miles from the bank of the Thames. The first case occurred on the 8th instant, and was fatal in ten hours. All the other cases occurred in the same row of houses, and there has been no other case in the parish, which contains 30,000 inhabitants. Dr. Elliot has made most searching enquiries as to the origin of the disease, but has not been able to arrive at any satisfactory conclusion. The district lies low, and bad smells have been complained of lately after the opening of certain sluices. Some cattle from Hamburg have been kept in a field near the house where the first cases have occurred; but Dr. Elliott has not been able to trace any connection between this fact and the commencement of the epidemic. We are informed there was no premonitory diarrhœa in any of the cases, the suddenness of the attack adding to the difficulty of combatting it. the patients falling into collapse almost without warning. It will be necessary to institute the most searching enquiry, in order to discover if possible if the disease has originated here, or has been introduced from abroad.

The same valuable journal, which we regard as one of the most useful and reliable of our English cotemporaries, in their issue of the following week, proceeds to give additional particulars:

'We have repeatedly insisted on the necessity of guarding against the importation of cholera from Hamburg, and of establishing something like a quarantine of observation upon vessels arriving in this country from infected ports, so that at least no case of actual cholera should be admitted to unrestricted communication with our population. The usual cry of difficulty and impediments to commerce is raised by those who know nothing of the subject of quarantine. No precautions of the kind are taken, and the cholera is imported, just as it has been imported before. The following case, from the weekly returns of the registrar-general, is a case in point:

At Horselydown, on board the Lutcken, on the 22d of September, a seamen aged 27 years, cholera Asiatic (19 hours).' Mr. Platt, the registrar, says, 'The ship Lutcken arrived at Horsledown, St. John's, on the afternoon of the 21st inst. from Hamburg (Hanover.) She had touched at Gluckstadt, and stopped there twenty hours, at which place cholera raged lately, and carried off 5 per cent of the inhabitants. Deceased had not been ashore at Horselydown.'

Mr. Beale, the registrar of Westham, states, 'The cattle from Hamburg pass in great numbers along Abbey-row in their way to the Marsh, immediately on their arrival from the Eastern counties. railway; and complaints are made of the odor arising from the cattle in passing.' The registrar says:

'An immense commerce is carried on between England and Hamburg, on the Elbe, in vessels which are in a very unsatisfactory sanitary condition, the berths of the steamers conveying passengers being at times saturated by the steam of water closets. The condition of the ordinary vessels may be easily imagined. To avoid the delays of quarantine all steamers should undergo sanitary inspection, and the sailing vessels in the river should be thoroughly cleansed. They should get pure water, and they would not then form a bridge over which epidemics can march from Hamburg to London.'

We would insist as strongly as any one on the importance of cleansing vessels, but the system of sanitary inspection which could enforce effectual cleansing would be very extensive indeed, and require a long time for organization. In the mean time cholera patients may come over, and quite enough evidence has been collected to show that this is a danger which ought to be guarded against as far as possible. We believe, therefore, that a short quarantine of observation upon all vessels arriving from Hamburg and other infected ports should be enforced immediately. It might cause some temporary inconvenience and commercial loss, and after all be unsuccessful. It is late to take the precaution now that the disease is here, but the outbreak may, possibly, be circumscribed; and it is better to err by excess of precaution, than by obstinate and wilful neglect of one source of danger.'

We will close our resume of this subject at present, by publishing a condensed account of the observations which have been made as to the case of the outbreak and the character of the epidemic. We would advise the American profession to be on the alert, and to endeavor, by rousing the attention of the municipal authorities throughout the country, at this early day, to the vital importance of preparing for the storm, by all the precautions which a knowledge of the facts may furnish.

'No sooner had an intimation of the return of cholera here appeared last week than two of our correspondents were on the spot investigating the origin of the disease, and the duration of the premonitory diarrhœa. The results of these investigations will be found in other columns of this number. Dr. Snow's researches show the extreme importance of guarding most carefully against the impregnation with fæcal matter of water used for drinking. There are very many pump wells in which the water is poisoned by percolation from adjoining privies. Those who differ most widely from Dr. Snow in his views as the transmission of the cholera poison, must admit most fully the great services he has rendered by proving the close relations between the extention of the disease and the use of impure water. Dr. Maclaughlin's belief in the invariable occurrence of premonitory diarrhœa before cholera sets in, appears to be strengthened by the cases at Westham, though the period between the first liquid evacuation and the commencement of cramps and vomiting, was in some of them very short. The question naturally arises—Is this diarrhœa of an hour or two premonitory diarrhœa, or the first stage of cholera? But this question sinks into insignificance before the more important enquiry, if there be invariably a period between the first liquid evacuation and the occurrence of cramps and vomiting in which medical treatment can cut short the disease. This is the really important point to which Dr. Maclaughlin's laborious enquiries tend; and no one will deny him credit for the industry and perseverance with which he has followed up the investigation.'"

Puncture of the Bladder through the Rectum.—DR. WILLIAM LEWITT reports in the Medical Independent a case where this operation was successfully performed. The case is instructive in several particulars. Being troubled with retention of urine the patient "called upon a *medical man* to relieve him by the introduction of a catheter, who,—having but *one* and that a very *poor one broken near the eye*—to facilitate the introduction, *cut the end off transversely, and tried to introduce it in this condition.* Failing in that, *he cut it off obliquely, thrust it into the bladder*, (*hard practice!*) and relieved him for the time, *lacerating the urethra its whole length terribly.*"

As a natural consequence the trouble was increased and the introduction of any instrument became impossible. At this stage he was seen by Dr. Lewitt who says :—"'I found a complete occlusion of the prostratic portion of the urethra, preventing the introduction of any kind of catheter into the bladder.

Shreds of the mucous membrane of the urethra, from the laceration caused by the miserable instrument used by the first *attendant*, came away in the eye of my catheter.

By an examination per rectum. I found the prostate very much enlarged and inflamed, principally, I have no doubt, from the same cause as the laceration.

The only alternative then, was the puncture of the bladder, which I resorted to, through the rectum. As the prostate was much enlarged, I introduced the finger into the rectum, and drew down the gland as much as possible to avoid wounding it. I then introduced a long curved trocar and canula, punctured the bladder, and evacuated the urine, to the immediate relief to the distended viscus. The canula was left in the rectum twenty four hours, and retained there by a T bandage.

The patient was then treated to subdue the inflammation of the urethra and prostate, with infusion of Buchu and uva ursi. He rapidly improved under this treatment, and in a few day was able to pass the urine per viam naturalem, and soon able to go about his business."

Removal of a Foreign Body from beneath the Heart. Dr. E. S. Cooper of San Francisco has published in the transactions of the Medical Association of that city, a case which has no parallel in the record of bold operations.

The patient, a man 25 years of age by the bursting of an old gun had a slug of iron which had been driven into it as a temporary breech-pin, blown into his chest, entering the left side below the arm pit, fracturing the sixth rib, and lodging as was afterwards found beneath the heart, upon the vertebral column just to the right of the descending aorta, where it remained 74 days. We have room only for the particulars of the operation:

"The patient being placed on the right side, an incision through the soft parts three inches long was made; commencing opposite the seventh true rib and following the track of the original wound, was carried over the fifth and sixth ribs, which were drawn close to each other by contractions, consequent upon the injury. The sixth true rib was found fractured and slightly carious. A transverse incision three inches long, was now made, beginning at the centre of the first when the soft parts were reflected so as to expose the ribs. Torsion was applied to one intercostal and two or three small arteries which bled rather freely. The wound was now fully absterged, after which an effort was made to find the breech-pin by using the probe. The incisions lengthened and the ribs further exposed. A portion of the sixth rib, which was carious, was now removed, and was followed by the discharge of about ten ounces of venous blood, contained in a cyst which was broken by the removal of the portion of the rib. A most extensive but careful examination with the probe was now made, in order to detect, if possible, the foreign body, yet to no purpose; but air having already been admitted into the chest, I unhesitatingly removed portions of the fifth and seventh ribs, together with such an additional piece of the sixth as was necessary to make ample room to afford every facility for the further prosecution of the search. Some very firm adventitious attachments were now broken up with the fingers, which gave exit to an immense amount of purulent matter—two quarts at least—which had been entirely disconnected with the fluid first discharged from the chest. The pleura had several large holes through it and was thickened to four or six times its natural state in some parts. The pulsations of the heart in the pericardium could be distinctly seen through these holes. Brandy was now administered to the patient, who appeared to be rapidly sinking. The left lung was found completely collapsed after the discharge of purulent matter. By giving brandy freely, the patient soon began to revive, when the search for the foreign body was resumed. At this time the fingers could be placed upon different parts of the heart and feel its pulsations distinctly, but could obtain no clue to the location of the foreign body. The patient now appeared almost completely exhausted. Brandy was given freely. Chloroform was not administered at first, owing to the unexpected collapse of the left lung on the admission of air into the chest, but a considerable reaction taking place, a limited quantity was now used and the manipulations continued. A sound was introduced and the thoracic cavity explored for at least three-quarters of an hour before anything like a metallic touch could be recognized, and then it was so indistinct as to leave the matter doubtful.

The space immediately above the diaphragm was considered the region in which the metal was most likely to be found; since the immense amount of suppuration carried it down to the bottom of the chest. The metal not being found here there was no longer any probable opinion to be formed as to its whereabouts, and to describe the difficulties of the search that followed would be difficult if not impossible. No one can have any just conception of the degree of patience required to do what was done, save the one who did it. This is not spoken boastingly, but is simply the truth. It is sufficient to say that a general exploration of that side of the chest was made, and then it was taken by sections, occasionally passing through holes in the pleura, which latter appeared to have scarcely no normal relations to the surrounding structres, touching by lines the entire surface of the parts, and at last the sound appeared to encounter something of a metalic nature, beneath the heart, but the pulsations of that organ were so strong against the instrument as to render it difficult to settle the matter definitely. At last, however, it became evident that the location of the iron was found, and I endeavored to move it out of its position with the point of the sound, in order to get it into a place more eligible for extraction by the forceps. I failed in this, and in maneuvering, the instrument finally lost the track by which the sound had first passed back of the heart to the metal, and it was during my efforts to recover this and which was accomplished with the more difficulty owing to some membranes falling in the way, that I discovered the sound had in the first instance reached the metal by passing between the descending aorta and the apex of the heart. The metal being again found, the sound was steadily and strongly held in contact with it until a pair of long lithotomy forceps was thereby conducted to the spot and the breech-pin seized and extracted, which, however, was the work of several minutes, owing to the great difficulty in grasping it even after the forceps was made to touch it. The forceps, however, being heavier, the motion of the heart was not so embarrassing to its manipulations as it had been to that of the sound, but owing to its size it could not follow the sound and be expanded sufficiently to seize the metal without lifting the apex of the heart considerably out of its natural position. After the metal was extracted, the patient was turned on the wounded side, and a tent placed on the track of the original sinus, after which the wound was dressed and thesufferer permitted to rest in bed with his body still inclined towards the injured side."

The patient recovered, and in the report of the case, Dr. C. closes as follows:—

"*Remarks.*—The carious condition of the sixth rib was probably a fortunate circumstance in this case, since it favored the formation and continuation of a sinuous opening, through which purulent mattet was discharged from time to time, prior to the operation, and which limited, to some extent, the immense accumulation that, as it was, had nearly terminated the patient's life previous to that period.

His subsequent astonishing recovery is attributed to his great cheerfulness, good constitution, and to the effects of our unparalleled climate, in which it appears nearly impossible for a patient to die with almost any ordinary degree of injury, provided a reasonable share of attention is afterwards given him, San Francisco has the advantage of every other city on the globe, in regard to climate, for surgical operations, since, if owing to any peculiarity of the case, our coast breezes are not equally well adapted to all the stages of convalescence after an operation, it is an easy matter to obtain almost any desirable change by half a day's easy travel, which I think can be said of no other city.

In Mr. Beal's case, while nothing could have been better than our cool, bracing atmosphere, for the first few weeks after the operation, still, having recovered from the immediate effects of that, the subsequent lung symptoms were much better controlled by a removal to the Santa Clara Valley, thirty miles distant, than they could possibly have been by medicine, conjoined with the greatest care that could have been bestowed upon him in this city."—*Transactions San Francisco Med. Chi. Association.*

Pulmonary Tuberculosis. Prof. Austin Flint has published in the Jan. No., of the American Journal of Medical Sciences a Clinical Report embracing 24 cases in which the disease was arrested. His conclusions from these cases are as follows:

"In conclusion, the general views which, with our present knowledge, are to govern the management of pulmonary tuberculosis may be summed up in a few words. The grand ends to be attained are, the removal of the cachexy on which the progress of the disease depends; the consequent arrest of the disease, and the promotion of the processes of restoration. There is no special medication to be pursued for the attainment of these ends; they are to be attained by measures which, in general terms, develope and strengthen the powers of the system. This mode of expression, it is true, in a scientific point of view must be considered rather vague; but in a practical sense it has a meaning sufficiently definite. The measures are hygienic rather than medicinal; but much importance often belongs to the latter. The hygienic measures which are most important are laborious exercise in the open air conjoined with agreeable mental occupation, and, as conducive thereto; frequently change of business, the selection of a more eligible climate, and travelling are desirable, if not necessary; generous diet, and in many if not most instances, the free use of alcoholic stimulants. the medicinal remedies, in addition to those which are simply palliative, are chiefly those of the tonic class, and in this category may be included the analeptic remedy which has of late years had so much celebrity—the *oleum jecoris aselli.*"

Cupping the Interior of the Uterus.—Dr. H. R. Storer reports two cases of suppressed menstruation which he treated beneficially by cupping the interior of the uterus. This mode of treatment he accredits to Prof. Simpson, of Edinburg, and believes it to be safe and efficient.

National Hotel Disease.—Prof. J. J. Waring, of Washington City, has published in the same Journal the case of Gen. McNeir who was attacked on the night of the 18th of Jan. 1857, after dining at the National Hotel. This case ,which took the form of a persistent diarrhœa, proved fatal on the 12th of June ; 131 days after the attack. At the autopsy the principle lesion discovered was an ulcerated condition of the Cæcum and Colon extending all the way from the Ileo-Cæcal valve to the Rectum. After giving a careful analysis of the case, he says:

"I leave this subject with my mind convinced, even though this be a new observation of the mysterious effects of miasm, that this and this alone was the cause of the death of the unfortunate gentleman, the subject of the present comments."

Prolapse of the Vagina. Dr. Storer also reports in the No. Am. Medico- Chirurgical Review two cases operated upon for prolapse of the Vagina. The first was unsuccessful, the patient dying of dysentery 16 days after the operation. The last case, consequent to a ruptured perineum, was entirely successful. The operations were performed upon Dr. Isaac Baker Brown's plan somewhat modified. In neither case was the sphincterani entirely divided, in relation to which Dr. Storer says:

'I believe that with the old quill suture it is an unnecessary, unscientific and cruel complication, and that with the modifications of suture here adopted it becomes unjustifiable."

In the first case the clamp suture of Dr. Marion Sims was used. In the last the Button of Dr. Bozeman. In relation to their comparative value, Dr. S., says :—

"The above cases, so far as they go, may serve to show the adaptability of the two new sutures, now so celebrated in connection with vesico-vaginal fistula; to the operation for lacerated perineum. The old quill suture, however used, whether with ligatures of hemp or silk, or the less irritating ones of silver or lead, secured by twisting, had always this disadvantage, that however closely the deeper portions of the wound were brought into contact, its upper edges would gape to a greater or less degree; an evil requiring and yet not fully overcome by the interrupted suture between the quills. The substitution in practice of Sims' clamp proved, as I had expected, to be attended with certain advantages; but these have been far excelled by the button of Bozeman, which, for neatness, simplicity, completeness of action, and ease of application, I have found everything that could be desired."

NEW HAMPSHIRE JOURNAL OF MEDICINE.

MANCHESTER, MARCH, 1858.

Diet for the Sick. On the first pages of this number, is an abstract of a discussion on diet by the members of the Manchester Medical Association.

The subject of diet for the sick is attracting much attention in our profession. The opinion has been gaining ground for many years that sick people have been kept on too rigid a diet, and that most cases will do better to be fed than starved, The teachings of Drs. Graves and Stokes have much modified the dietetical management of Fevers, but we much fear that too little and unsuitable nourishment is allowed to patients ill of other and especially sub-acute and chronic diseases.

It is much to be feared that the indications manifested by the appetite of the patient are too little regarded. It is very rare that a patient demands or can tolerate any sort of food during the acute stage of an inflammatory disease, and the subsequent manifestations of an appetite can but indicate a want of nourishment which should not be disregarded.

In this connexion we would recommend the Report of Dr. Hooker on "The Diet of the Sick" to be found in the eighth volume of the transactions of the American Medical Association; not that we would fully endorse all his plans of full feeding but as containing many excellent suggestions on the subject which will serve to excite thought and a more enlightened and less circumscribed dietary for the sick.

Of late the use ot milk in acute cases and when the stomach will not bear more solid food, has been highly recommended and it is now used freely by many excellent practitioners in place of the gruels and slops so disagreeable to most sick people. We find milk, especially cold milk is gratefully received in many cases where the smallest quantity of gruel cannot be taken without inducing vomiting.

For children it is not only the most natural diet but the most acceptable. We have been able to keep up the strength of children for a long time by the use of milk when they could be induced to take no other nourishment.

THE PRINCIPLES AND PRACTICE OF OBSTETRICS. *Including the Treatment of Chronic Inflammation of the Uterus, considered as a frequent cause of Abortion.* By HENRY MILLER, M. D., Professor of Obstetric Medicine in the Medical Department of the University of Louisville. Philadelphia: Published by Blanchard & Lea. pp. 624. Price, post paid, $3.75.

This work is the production of a man who has spent his life in the study, teaching and practice of Obstetric Medicine; who evidently thinks for himself, receiving no man's opinions as authority till they have been carefully examined and tried by his own experience. Consequently, he differs on some important points from some of his predecessors.

A sufficiently accurate anatomical description of the pelvis and other parts concerned in parturition is followed by the physiology of menstruation and pregnancy. In this connexion, he gives much valuable information in relation to physical exploration of the female generative organs, not only as regards pregnancy, but also displacements and other unnatural conditions of the uterus.

The subject of abortion is fully considered. The most freqnent cause of abortion, he considers to be a chronic inflammation of the uterine mucus membrane. In support of this position, he presents strong arguments based on facts.

In teachingof displacements, he considers the subject of pessaries quite fully. Prof. Simpson's instrument he denounces in strong terms as unphysiological and dangerous. He says:—" That some of Prof. Simpson s patients should not have been able to bear his pessary is not surprising; the wonder is, that any of them could bear it, whilst it is a miracle that many of them got well.

His views of the proper management of Placenta Praevia differ essentially from both Drs. Simpson and Rigby, advising " originating expulsive contraction of the uterus by the tampon or plug, and then puncturing the membranes, relying on the tampon to control the flooding until the liquor amnii is evacuated."

Although our space is limited, we cannot refrain from copying his translation of the method of Puzos which he recommends in most cases of flooding before delivery.

" The means of remedying the slowness of natural delivery, is to borrow something from forced delivery, which, I am satisfied, from experience, is entirely practicable: namely, to increase the dilatation of the os uteri with the fingers, in the same gentle manner in which nature is wont to proceed. It is seldom that the loss of blood, produced by the detachment of the placenta, does not occasion more or less dilatation of the uterine orifice, the coagula about it acting as so many wedges, that distend it and dispose it to yield. This incipient dilatation has a tendency to bring on labor, and is sometimes accompanied by slight pains. But, inasmuch as the exhaustion and faintness arising from the loss of blood are opposed to the continuance of the uterine contractions, we must renew these when wanting, and increase them when too feeble. With this view, one or two fingers must be introduced within the os uteri, which is to be gradually opened by the employment of force proportioned to its resistance. These dilating efforts should be suspended, from time to time, to allow intervals of rest. By this means the uterus is roused to action, labor pains come on, and the membranes are rendered tense. The next object is to rupture the membranes without delay, to give escape to the liquor amnii, and bring about a diminution in the size of the ute·us equal to the space the waters had occupied. The condensation of the uterus, that succeeds the discharge of the liquor amnii, presses the fœtus upon the os uteri, when stronger pains ensue, which, aided by the pressure of the fingers around the margins of the orifice, succeed in advancing the child. Meanwhile, the blood that would otherwise have escaped, is retained in the vessels by the contraction of the uterine fibres, and the compression to which they are subjected. By this co-operation of nature and art, the dedelivery is greatly expedited, and we may enjoy the satisfaction of saving both mother and child, who must have been lost, if left to nature alone, and might have been destroyed by artificial delivery."

We must close our notice of this book, by saying, that although incomplete in some parts, it is superior in others and a work of which, as a native production, we should feel proud. Its careful study will give better ideas of the Science and Art of Obstetrics.

Our Exchanges. Within one year very considerable changes have taken place in the Medical Journals of this country, and while the number has been lessened they have improved insize and value.

The "*North Amerigan Medico-Chirurgical Review*" which took the place of the old Medical Examiner has been enlarged at the commencement of its second year and its price raised to five dollars. It is edited by Prof's. S. D. Gross, and T. G. Richardson, both well known by their valuable contributions to professional knowledge.

The "*Western Lancet*" and "*Cincinnati Medical Oberver.*" have been united and is now called the "*Cincinnati Lancet and Observer*" and edited by Drs. Geo. Mendenhall, John A. Murphy, and Edward B. Stevens, and published by the last named.

The "*Peninsular Journal of Medicine*" and the "*Medical Independent*, both published at Detroit have been united under the title of "*The* "*Peniniular and Independent Medical Journal*" and will be edited by PROF'S GUNN, and PALMER, and MR. FREDERICK STEARNS.

It is to be hoped that the Union of these Cincinnati and Detroit Journals will put an end to some very discreditable bickering which has been a source of annoyance to many, and of profit to none.

Dr. AUSTIN FLINT JR. is associated with PROF. S. B. HUNT in the management of the "*Buffalo Journal*" which was for ten years edited by the father of the former.

"THE PACIFIC MEDICAL and SURGICAL JOURNAL" is the title of a new Journal published at *San Francisco, California*, and edited by Drs. JOHN B. TRASK, and DAVID WOOSTER.

The Editors after alluding to the "California State Journal" which perished on account of the neglect of the profession to pay for what they were glad to read, says :—"We have no hope of being able to make a more meritorious offering to the profession than that of our respected predecessor ; but we think that perhaps our brethren have regretted their negligence in the past, and to save the present Journal from a similar fate, will support it with more promptitude and liberality."

Dr. C. Happoldt has retired from the "*Charleston Medical Journal and Review*" which is to be edited in future by Dr. JOHN DICKSON BRUNS. This journal has always maintained a high character, and the reputation of the present editor gives assurance that it will not deteriorate.

The "*Northwestern Medical and Surgical Journal*" is to be known in the future as the "*Chicago Medical Journal*"

The *Nashville Journal* announces Drs. GEO. S. BLACKIE and R. C. FOSTER, 4th as assistant editors instead of Prof. Paul F. Eve.

Dr. D. W. YANDELL, proposes to issue a new Journal at *Louisville Kentucky.*

The "*Southern* Medical and *Surgical Journal*" edited by Drs. H. F. and ROBERT CAMPBELL, and *The* "*Ohio* Medical and *Surgical Journal*" edited by JOHN DAWSON M. D. have not reached this office for a year past.

RANKING'S ABSTRACT.—We have received No. 26 of this Journal from Lindsay and Blakiston of Philadelphia, Publishers of the American reprint. It fully sustains its high character.

REPORT OF THE TRUSTEES AND SUPERINTENDENT OF THE BUTLER HOSPITAL FOR THE INSANE.—Dr. RAY'S reports are always interesting, and the one before us, is in no way inferior to its predecessors. The number admitted during the year, was 37. Discharged recovered, 15—improved, 10—unimproved, 4—died, 10—remaining at the end of the year, 140.

DR. JOHN E. TYLER, late Superintendent of the New Hampshire Asylum for the Insane, has been appointed to the same position in the McLean Asylum, at Somerville, Mass., made vacant by the death of the lamented Dr. CHAUNCEY BOOTH.

MARRIED.—In Bradford, Mass., Thursday morning, Feb. 18, at the Church, by Rev. Mr. McCollom, Dr. George B. Cogswell, physician at the State Almshouse, at Bridgewater, to Miss Kate B., eldest daughter of Addison Brown, Esq., of Bradford.

Quinine in Typhoid Fever.—We had the opportunity of seeing a case of typhoid fever on January 14, at St. George's Hospital, under Dr. Fuller's care, which was treated by quinine. The patient was a little boy, eight years old, who was admitted with well-marked symptoms, but whose previous history was imperfect. He had a very distinct mulberry rash over his body. Ten grains of quinine were ordered the first day every two hours, and the change produced in the general symptoms was positively striking; the pulse came down, his skin was cool and moist, diarrhœa ceased, and his tongue was moist. As this was the case, Dr. Fuller did not desire to push the large doses (he had taken three only,) but continued the medicine in two-grain doses three times a day, with four ounces of wine, and the little fellow is going on well. This is the third case in which this plan of treatment has proved successful in Dr. Fuller's hands: it has been employed elsewhere with great benefit.—*Lancet*, Jan. 23, 1858.

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THE NEW HAMPSHIRE

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THE EXPECTANT TREATMENT OF DISEASE.

Abstract from the Records of the Manchester Medical Association. *March 3rd* 1858. Dr. W. W. Brown read the following paper:

On the Expectant Treatment of Disease. It may be truly said, that this is a *method* of treating disease and may be defined as that plan of treatment which we adopt when in our judgement the patient requires only a strict regulation of his diet and regimen and in which we wait for the vital power of the constitution to resume its normal sway, unaided by drugs of any kind. It is that mode which every physician is in duty bound to adopt, whenever in his judgement, it will result in the greatest good to the patient. In all cases in which we are called upon to investigate, whether at our place of business or at the bed-side of the patient, if we are convinced that a proper regard to diet, regimen, &c., is all that is required, we should so direct the patient. If we are in doubt whether the *vis medicatrix naturæ*, or in other words, the recuperative powers of the constitution are adequate to the restoration of healthy action, by dieting, rest or exercise as the case may require, it is well to try this course at first for a limited period, though, not in the least to endanger the well being of our patient. It is better for the patient to recover by the efforts of his own vital power, unaided by our remedies, if that power be sufficient to produce the effect as speedily and as perfectly as when assisted by medicine; for every patient we are called to visit, differs in some respects from every other we have previously seen. He is sure to have some striking peculiarity of physical and mental constitution, which distinguishes him from all others, therefore we are never able to predict precisely what effort our remedy, however mild that remedy may be, will have upon the patient. This being the case, whenever we administer medicine we run more or less risk of injuring the patient, and I am honestly led to believe, that many cases of protracted illness, which may in some instances terminate fatally, are caused by *one dose* of medicine prescribed by us, with the purest and most honest motives.

By this I would be understood to say, that, we should ever bear in mind that the less medicine we prescribe for our patients the better, if the quantity be sufficient to render the proper assistance to the vital powers of the constitution in removing the unhealthy action from the system.

We find all grades of abnormal action from the slightest aberation from a state of perfect health, to the gravest disease and to graduate our treatment in precise accordance with the amount of disease, should be with us, the grand desideratum.

In the present state of the popular knowledge regarding the science of medicine, we labor under great difficulties, for most persons have the impression that they must be dosed for every little deviation from a state of health, and that health will return in consequence of the effect of the medicine taken, regardless of diet and regimen.

Therefore unless we prescribe medicine, they have no confidence in our labors and conclude that we are of little consequence to them as we only tell them of what they could have done as well without our advice, and hence we are entitled to no credit and much less any compensation for our trouble. This state of things has led the physician to administer *placeboes* and while the patient is recovering under the vital powers of his own organism, he is taught to believe he owes his recovery to the potent doses of nothing administered by our hand.

It is of great importance to our patient as well as to ourselves, to have a correct opinion formed as to the requirements of his case. Should the expectant or placebo treatment be adopted in acute cases, that are rapid in their progress and often insidious in their approach, we should with great certainty lose our patient or neglect the proper treatment until too late. Then how responsible our position! To be dosing with active drugs when unnecessary or to neglect to apply them when required is equally wrong. Therefore careful and nice discrimination is always important even in the least severe cases that come under our consideration.

It is not my object in these hasty remarks to designate what cases may be safely treated on the expectant plan, for that is impossible and must ever be left to the judgment of the physician. Every new case that comes before us, is like a new theorem in mathematics and requires a new calculation. In the ordinary inflammatory and febrile attacks we see all grades of abnormal action from what we call a slight cold up to those acute and malignant grades of disease, that suddenly remove our patient, unless actively treated at the onset. In other cases we have the diversity where cold has nothing to do in causing the disease, but where the cause is connected with hepatic, gastric or abdominal derangement arising from miasm or irregularity of diet or exercise. Then again we have the epidemic self limited diseases in all their multifarious grades of severity from the slightest deviation from a healthy condition up to the most malignant and alarming cases. Hence it is evident that each case requires thought as well as action. That a great majority of cases we are called upon to investigate, may be treated on the no medicine plan is most certain and hence the success of that most ridiculous system or variety of charlatanism—the one more completely founded in error than all others with which we have to contend. Of course I refer to Homœopathy. Under their treatment the patient believes his recovery to be owing to the medicine he takes. equally as firmly, as, when under our care, while taking our placebos or our active drugs in large doses. Hence it becomes us, in order to compete successfully with this phase of quackery, to make our *placebos* as small and palatable as possible for all cases that legitimately come under the expectant treatment, reserving our active remedies for cases that must be treated with medicine. It is self evident that the entire success of that system of quackery is derived from the capacity of the vital powers to throw off disease, that is, if they act honestly and reject our doses as well as doctrines of diseased action.

From these considerations the question naturally arises how far we are in duty bound to endeavor to enlighten the public mind on this subject. It is true that cases requiring no medicine need our attention as much as any others, for when our services are withdrawn the patient immediately returns to his ordinary mode of living, feeling that all restraint is removed from him. Therefore he needs our attendance as much as when medicines are required and in order to do him good we must watch him. I am, notwithstanding, of the opinion that we should aim at the enlightenment of the minds of the people even if it operate to our pecuniary disadvantage, though others may think differently on this most important subject. All well informed patients would most gladly receive our teachings and with them our services would be as eagerly sought when they are suffering from indisposition, but the number of such compared with the whole is so small that were our teachings extended to all, the result would operate to the injury of the mass as well as to ourselves for they would neglect to employ us trusting to their own knowledge which we had previously imparted to them, and not being able to judge in their own cases, would neglect to send for us when our services could not be dispensed with without great risk to their own well being. Then what shall we do? Shall we keep a lookout to draw down as closely over the faces of the people, the veil of ignorance, as our predecessors have ever done and thus labor to keep the science of medicine shrouded in mystery? Or shall we proclaim boldly to our neighbor the great truths embodied in the laws that govern his physical organization?

The subject of the foregoing paper was then discussed by the members present.

Dr. Buck :—Expressed his confidence in the powers of Nature in Disease, and thought that, that confidence was increased by his observation in surgical cases,—Has no less confidence in medicines than heretofore, but has no doubt that medicines are often used needlessly and injuriously,—Thinks the whole truth should be told patients as to the needlessness of medicines in many cases, and the powers of nature,—Is aware that many people will not be satisfied unless medicated but believes they may be educated to know better.

Dr. Wheat :—Was educated to believe that nature cures Disease, but has confidence in the aid and assistance afforded by medicine, he knows that patients will recover under opposite systems of treatment, whether mineral, vegetable, Homœopathic, or with no medicine at all.—Believes that it is best to be perfectly honest and if medicines are not needed give none.

Dr. Hubbard : —Expressed his undiminished confidence in the power of medicine in the treatment of disease but never gave it unless needed,—Believed in talking to all people candidly and without any deception as to their diseases or the need of medicines in their cure —Thinks people should be impressed with the fact that medicines are not essential for their recovery from many diseases, and that it is not right to attribute to the medicines taken the recovery which is a natural termination of most cases of disease,—Has as much faith now as ever in bloodletting, blisters and active medication but does not use them as often as formerly, probably because the cases where they are not absolutely needed are better understood, and we have learned to trust more to nature, regimen and good nursing and less to drugs.

Dr. Morse :—Dislikes all deceptions in practice—never uses placebos ;—trusts to nature almost entirely ;—has never used much active medicine in his practice.

Dr. Crosby :—Deals openly with his patients, but is aware of the temptation to use some medicine in slight diseases for fear they may assume a graver aspect ;—thinks we should explain to the friends of the patient the needlessness of medicine in most cases.

Dr. Brown :—Thinks some patients are not to be managed except by administering some sort of medicine even when not needed; —but thinks we should deal openly with all people who have sense enough to understand what we tell them.

Dr. Nelson :—Remarked that his rule was that where he was well acquainted with the family he found it easy to convince the patient when there was no serious illness that no medicine was necessary;—but when the mind of the patient was in a deranged state he found it necessary to prescribe some simple medicine, also in many diseases of children, viz : Measles and Mumps it was necessary to prepare a mild mixture to be taken regularly to prevent the anxious parent from over dosing with domestic medicines, always insisting on a thorough regimen.

Dr. Davis:—Believes that very many cases of functional diseases require no medicine;—that the *vis medicatrix naturæ* is sufficient;—that upon this power of nature, and the superstitions of the people, Homœopathy is supported in its wicked delusions;—finds many families who are best managed without placebos when medicines are not necessary, others will not be satisfied unless something is prescribed;—believes that children suffer much from over medication;—thinks people may be taught much in relation to the real necessity of medicine.

Veratrum Viride.

Dr. Wheat:—Reported upon the use of the Veratrum Viride as an agent for reducing arterial excitement, had used it satisfactorily in Pneumonia, Scarlet and Typhoid fever;—is certain that it has the power of reducing the pulse.

Drs. Crosby and Buck had used it in their practice and were pleased with its effects.

EXTRACTS FROM OUR EXCHANGES.

Treatment of Chorea. Dr. Thomas Addison Physician to Guy's Hospital recommends Sulphate of Zinc in chorea. He says:—

"Dr. Hamilton once thought purgatives cured chorea; but I do not believe this is invariably found. Sulphate of zinc or oxide of zinc is the remedy we have made out as most valuable at Guy's. I have known a patient take of sulphate of zinc (not oxide, mind) so much as eighteen grains four times a day. My attention was once drawn by the late Dr. Chambers to a peculiar cast of countenance such patients acquire who are taking these very large doses of zinc: you know, of course, the dark tint or tinge produced by nitrate of silver, the dark line of the gums by lead, &c. We were attending a patient for another disease altogether, and though Dr. Chambers could not describe what it was, he said, to one in the apartment, 'Why you are taking zinc, are you not?' and it turned out that he was. The nearest idea I can give you of the zinc complexion of the face is, that it is destitute of the freshness and cherry redness of rude health, and the skin of the face assumes a glossy sameness of tint very like pewter; in fact, Dr. Chambers knew the 'pewter face' very well; it requires the light to fall in a particular direction, and then you will see it: the hint may be of use to you."

Signs of Pregnancy. We find in the Chicago Medical Journal an article furnished by JOHN EDDY, M. D., who claims the following as a never failing sign of Pregnancy. He says:—

"I would say there is a sign provided by the mother, as positive, and more so, than any presented by the child." * * * * * "that is a papula, or pimples on the edges of the os tincæ or mouth of the womb, and when this condition is present, I never hesitate to declare, on oath or otherwise, that the woman is pregnant; and yet in no case have I been deceived, and I am sure I never shall be, if the os tincæ is in other respects healthy. There is a lady near me, who asked my opinion about nine months ago; the condition of os tincæ being as above described, I declared her to be in the family way, and in February last she furnished the proof; and I might furnish other cases, but I presume most of the profession are well acquainted with this my test; if I supposed they were not I would be more minute in describing it. If I were to decide in a case of life or death, I should rely more upon this sign furnished by the mother, than any furnished by the child."

Illness and Death of GEORGE WASHINGTON. We find in the Virginia Medical Journal the following account of the last illness of this illustrious Statesman:—

"*From 'The Times,' a Newspaper printed in Alexandria (Virginia), dated in December* 1799.

MESSRS. J. & D. WESTCOTT—Presuming that some account of the late illness and death of General Washington will be generally interesting, and particularly so to the professors and practitioners of medicine throughout America, we request you to publish the following statement.

JAMES CRAIK.
ELISHA C. DICK.

Some time in the night of Friday the 13th instant, having been exposed to rain on the preceding day, General Washington was attacked with an inflammatory affection of the upper part of the windpipe, called in technical language, cynanche trachealis. The disease commenced with a violent ague, accompanied with some pain in the upper and fore part of the throat, a sense of stricture in the same part, a cough, and a difficult rather than a painful deglutition, which was soon succeeded by fever and laborious and quick respiration. The necessity of blood letting suggesting itself to the general, he procured a bleeder in the neighborhood, who took from his arm, in the night, 12 or 14 ozs. of blood. He would not by any means be prevailed upon by the family to send for the attending physician till the following morning, who arrived at Mount Vernon at about 11 o'clock on Saturday.

Discovering the case to be highly alarming, and foreseeing the fatal tendency of the disease, two consulting physicians were immediately sent for, who arrived—one at half after 3, the other at 4 o'clock in the afternoon. In the interim were employed two copious bleedings; a blister was applied to the part affected, two moderate doses of calomel were given, and an injection was administered, which operated on the lower intestines—but all without any preceptible advantage; the respiration becoming still more difficult and distressing.

Upon the arrival of the first of the consulting physicians, it was agreed, as there were yet no signs of accumulation in the bronchial vessels of the lungs, to try the result of another bleeding, when about thirty-two ozs. of blood were drawn, without the smallest apparent alleviation of the disease. Vapors of vinegar and water were frequently inhaled, ten grains of calomel were given, succeeded by repeated doses of emetic tartar, amounting in all to five or six grains, with no other effect than a copious discharge from the bowels.

The powers of life seemed now manifestly yielding to the force of the disorder. Blisters were applied to the extremities, together with a cataplasm of bran and vinegar to the throat. Speaking, which was painful from the beginning, now became almost impracticable; respiration grew more and more contracted and imperfect, till half after 11 o'clock on Saturday night, when, retaining the full possession of his intellect, he expired without a struggle.

He was fully impressed at the beginning of his complaint, as well as through every succeeding stage of it, that its conclusion would be mortal, submitting to the several exertions made for his recovery rather as a duty than from any expectations of their efficacy. He considered the operations of death upon his system as coeval with the disease; and several hours before his decease, after repeated efforts to be understood, succeeded in expressing a desire that he might be permitted to die without interruption.

During the short period of his illness he economized his time in the arrangement of such few concerns as required his attention, with the utmost serenity, and anticipated his approaching dissolution with every demonstration of that equanimity, for which his whole life had been so uniformly and singularly conspicuous.

James Craik, *Attending Physician.*
Elisha C. Dick, *Consulting Physician.*

The signature of Dr. Gustavus Brown of Port Tobacco, who attended as consulting physician, on account of the remoteness of his residence from the place, has not been procured to the foregoing statement.

P. S.—The cynanche trachealis has been very general here this winter, in children; mostly confined to infants on the breast. The old Sampson, calomel, was my general and successful remedy, given so as to preserve a laxative state of the bowels. The seneka was also given as an auxiliary; but the syrup of squills, exhibited in such quantities as to produce permanent nausea, and occasional ejection, was preferable. Blisters were applied, though to little purpose. Cataplasms of onions were equally if not more servicable.

A few years since I dissected a child that died of this disease, and found a firm semidiaphanous membrane attached to the base of the epiglottis, of an inch and a half in length, forming a valve in expiration.

For the purpose of determining whether this membrane was the product of increased secretion, or inflammatory action, I submitted it to a variety of experients, of which the following are the results:

1. That the membrane formed by the cynanche trachealis is soluble in sulphuric acid and caustic alkaline ley.
2. That it is not soluble in water, as is observed by Dr. Home.
3. Also, that coagulable lymph is soluble in the sulphuric acid and caustic alkaline ley.
4. That on the addition of water to the solution of the membranous matter, or lymph, a partial precipitation is produced; and the addition of alkali to the acid menstruum produced a complete precipitation, and vice versa.

Lastly. From comparing these results with the experiments of the late Mr. Charles Darwin on mucaginous matter, I think we may justly infer, that the membrane is not mucaginous; and econverso, that it is formed of coagulated lymph, exuded from the tracheal vessels, and similar to those exudations found in inflamed viscera. The more fluid particles exuded pass off in expiration, leaving the lymph firm, glutinous and membranous.

Mr. Darwin, however, tells us, that coagulable lymph is not soluble in the vitriolic acid. On this account I procured the blood of different persons, and treated it both by affusion and trituration, with the same result. We can scarcely suppose, that there is such an important physical difference between Scottish and American blood; therefore, one of us must be mistaken. My experiments were submitted to several medical gentlemen, who can attest the fact.

In addition to those tests of identity of the membrane and coagulable lymph, may be added the appearances of the internal surface of the trachea. The blood vessels were distended, as if injected, and the intermediate spaces were of a bluish color.

JOHN J. VAUGHAN."

Wilmington, Jan. 31, 1800.

"*Spontaneous Combustion.* A celebrated novelist, in a recent work, supplied the *gobemouches* of the reading world with an interesting topic for their mental digestion, to wit, an instance of spontaneous combustion of the human body. The author condescended to explain that he was not joking at the time, but really meant the thing in earnest, and himself believed the gruesome story. The joke has since become too stale even for the reader of light literature, who, like a trout, is only tickled once to any effect by the same titillator. But such a 'property as spontaneous combustion' was far too valuable to be lost, and so, forsooth, it has turned up again. Where? Not at the Surrey, not at the Egyptian hall, not at a teetotal abstinence jubilee, not edited by the Wizard of the North, nor by the 'Physician' of the Empress of Russia, but—in a solemn conclave of medical men. Minerva has, doubtless, wiped away a tear from the corner of her celestial eye with her ambrosial kerchief, and now smiles incredulous at the tale of folly; but the fact remains—*malgre* the tears or smiles of the tutelary goddess.

For a case was brought before the Pathological society the other day in which, at the autopsy, five ounces of oil escaped from the pleura when opened. The history of the autopsy appeared defective. Dr. Barclay related the case, but like Herodotus, wisely warned his hearers that he only recounted what he was told, and didn't speak from personal inspection. Dr. Bristowe carefully suggested that the oil was the product, or consequence, rather, of decomposition. This sober explanation—doubtless the correct one—was, however, objectionable, because it spoilt a good tale. A gentleman, therefore, of a romantic turn of mind, enquired whether any trials had been made of the inflammability of the oil? and whether this might not have been a case which would have ended in spontaneous combustion?

Now, if the enquirer of a romantic turn of mind meant this for a joke, we must say that he should have played it off at some other place than the Pathological society, a body whose business is with sober facts and not with tales of mystery. He should have been aware—Firstly, that oils—whale oils, for example—are ordinarily inflammable, and are frequently used by ingenious people for the purpose of lighting their rooms, lobbies, &c.; and secondly, that in the only authentic case of spontaneous combustion recorded in this country, no post-mortem examination was made, nor was any analysis of the individual's fat made previous to his ignition. As it is impossible, therefore, to arrive at any conclusion by comparison of the oily case which didn't ignite with the case which did ignite, (according to the novelist,) but wasn't known to be oily, the suggestion of the romantic enquirer must remain suggestive still.

We much regret that such a fabulous history should ever have been alluded to in such a society, and heartily thank Dr. Brinton for not allowing the occasion to pass without observing, 'that he had certainly hoped never to hear the subject of spontaneous combustion mentioned before such a society, since the idea had long been abandoned by all medical jurists worthy of the name.'—*Virginia Medical Journal.*"

Chlorate of Potassa in Stomatitis. We find the following going the rounds of our exchanges:—

"Dr. Dethan considers that chlorate of potash is a powerful sialagogue, and that its elective action on the bucco-pharyngeal mucous membrane is well marked. To this physiological action is added a very remarkable and valuable success in pathology; its rapid and incontestible effects in mercurial salivation, by checking the formidable mercurial affection, have permitted practitioners to continue the mercury without fear, and thus to contend without remission against the constitutional infection. As an especial and incontestible remedy in ulcero-membranous stomatitis, this medicine need not, according to the physicians of the Hopital Sainte-Eugenie, be swallowed; its topical application is sufficient, and in a short time the mucous membrane recovers its normal qualities and functions. Dr. Dethan concludes that the chlorate of potash, administered under a special form, which would permit the locial action to be exercised slowly and certainly, although leaving the medicine to be carried into the stomach in a state of solution with the mixed liquids of the salivary, buccal, and pharyngeal glands, would be the mode of administration which would combine all indications and all opinions. He therefore suggests the use of the remedy in the form of pastiles, so that the patient may have at hand a remedy against the injurious effects of a mercurial treatment which he may be undergoing. The experiments of Dr. Ricord, and the publications of M. A. Fournier, testify incontestibly in favor of this successful simultaneous medication. In certain forms of angina attended with fibrinous exudations, it prevents the intimate adherence of the false membranes to the mucous membrane, and facilitates their expulsion, and assists the action of emetics. In this affection the topical action of the chlorate, favored by the bruising between the teeth, the natural solution in the liquids of the mouth, and its penetration into all the points interested, will be certainly efficacious. In debilitating diseases, such as diphtheritis, and gangrene of the mouth, the child will find an agreeable and reparative kind of food, together with the most appropriate remedy hitherto discovered, against these diseases.—*British and Foreign Med.-Chir. Review*, January, 1858; from *L'Union Medicale*, June 4th, 1857."

Rheumatism. The following discussion by members of the Philadelphia County Medical Society we copy entire as it embraces the deliberate opinions of some of the best observers of that city.

"Jan. 13th, 1858. Dr. Emerson in the chair. The subject for discussion was rheumatism, on which Dr. R. K. Smith read the following paper. In presenting the subject of acute rheumatism, for the consideration of the society, he did not propose views that have not already received the careful attention of many eminent medical philosophers. There are, however, notwithstanding the varied investigations of the causes, pathology; and treatment of this disease—few medical writers who agree upon either. This diversity of opinion, in regard to one of the most common affections, the physician is called upon to treat—a disease, too, which often involves the very citadel of life, and always entails upon the patient an amount of suffering and helplessness that enlists the warmest sympathy—demands a scrutiny so thorough and searching as to lead to greater harmony in regard to its pathology, and more uniformity in its treatment.

With a disposition to elicit discussion upon some of the unsettled points to which I refer, the following interrogatories are proposed, touching the cause, pathology, and treatment of rheumatic fever.

1st. Is the primary cause of acute rheumatism a morbid poison in the blood, or, is it located in the nervous system.

2d. If in the blood, is it *urea*, or what other poisonous matter?

3d. How can pericarditis, and endocarditis, as consequences of rheumatism, be explained upon the theory that it is a nervous disease?

4th. Are the consequences ultimately fatal?

5th. What tissues are invaded by rheumatic inflammation, and does it ever terminate in suppuration or gangrene?

6th. Do not the remedies found most serviceable in rheumatism, exercise more influence upon a blood poison than upon the nervous system?

7th. Is a strict antiphlogistic treatment proper in an ordinarily robust patient?

8th. What value is attached to the treatment with lemon-juice?

9th. What are the merits of the alkaline treatment?

10th. Of the calomel and opium treatment?

11th. How is the action of colchicum explained, and what is its value as a remedy in rheumatism?

12th. Are local applications beneficial, and, if so, what are to be used?

In suggesting these questions, it is proper for me to state the principles which govern me, in the treatment of rheumatism, and to briefly reply to my own questions.

In regard to the first query—the primary cause of acute rheumatism—I hold the doctrine that some morbific agent contained within the blood is the original cause of the disease. That it is this deterioration that constitutes what has been called the 'rheumatic dyscrasia.' That some pre-existing change in assimilation and excretion renders the system susceptible to the exciting causes of rheumatism; poisonous matter of a peculiar nature is deposited within the blood, and the disease is developed. The evidences adduced, are the absolute changes known to exist; the excess of fibrin, and the alteration in its chemical composition.

To the second question, I answer: Urea is found in the blood of patients laboring under acute rheumatism, and that certain agencies employed for the relief of the disease, eliminate it from the blood by increasing it in the urine. I, however, do not contend for the point that *urea* is the *only* poisonous matter in the blood, that generates arthritic diseases.

The third question, I leave to gentlemen who believe in the nervous origin of rheumatism, to answer. Upon such a theory, I can understand no explanation of the causes of pericarditis and endocarditis, compatible with reason and physiology. Such men as Fothergill, Willan, Morton, McIntosh, and Haygarth, have failed to show the connection, and I shall not attempt it, especially as I do not believe the doctrine.

In reply to question fourth, I believe that pericarditis and endocarditis eventually terminate in death. Not that an attack may not be relieved, in fact, *supposed* to be cured, but that certain structural alterations of the heart occur, which are never entirely removed, and will ultimately terminate life.

The tissues involved in the inflammation of rheumatism, are the fibrous and fibro-serous, and whenever other tissues are invaded, it is in consequence of their near contiguity to the original disease, I believe, when unattended by any complication, never terminates in suppuration or gangrene.

6th. In regard to the '*modus operandi*' of the remedies which relieve, in rheumatism; this involves the question as to which theory is correct whether it is a disease of the nervous system or of the blood. Adopting the latter view, I can conceive the action of certain substances upon the fluids of the system so as to eliminate or neutralize certain other elements; and I leave to the members the application of their own experience in explanation of the method by which cures are effected through the interposition of the agents they employ.

7th. That the antiphlogistic treatment of rheumatism, followed out in its most rigid sense, has been successful, I know, but that it is the proper course to pursue, in treating this inflammation, I deny. The inflammation and fever which attend rheumatism differ widely from ordinary inflammation; they have more a character of irritation, and present various phenomena unknown in any other inflammatory fever. The state of the skin is one of these peculiarities, and would suggest to every thoughtful man, the propriety of withholding every means that would stimulate the perspiratory organs to further action. Bleeding is unquestionably an important remedy in many cases, and its utility does not oppose the theory that a blood poison produces the disease.

8th. The use of *lemon juice*, in acute rheumatism, according to Dr. Babington, has been eminently successful. Indeed, I may say that, in his hands, its curative effects were astonishing. It will, no doubt, surprise most physicians, to be told that, in a large number of cases treated in this way, the disease was thoroughly cured in from *three* to *eight days*, and without the employment of any other means, whatever, except an occasional comp. pulv. rhei, when the bowels required it. The doses directed by Dr. B. were from three to six ounces, three times a day, without admixture of any kind. The reason that others have not been so successful with this remedy, he tells us, is because they do not administer it in sufficiently large doses. Dr. Dalrymple unites, also, in ascribing to the lemon-juice extraordinary curative powers, which, if true, there is a value in the remedy which should not be overlooked. How it acts has not been explained, but why it should not possess a power to eliminate the poisonous matter from the blood, equal to other remedies, or even in a superior degree, I cannot understand. My own experience in the use of lemon-juice in rheumatism is limited, and, in these large doses, I have had none.

Its efficacy in my hands did not meet my expectations, but this may have been in consequence of the smallness of the dose.

9th. The use of *alkalies*, for the cure of rheumatism, is just now the popular treatment; whether they deserve the first place among the remedies is for experience to determine. They are used chiefly in the form liq. potass. and potass. bicarb., with a solution of the latter in the proportion of ℥j to aqua Oj, as a local application. The question will, no doubt, give us the benefit of our fellow-members' experience. In eliminating or neutralizing the poison, upon which the inflammatory action depends, there appears to be no incompatibility in the harmonious action of such opposite remedies as lemon-juice and liq. potassæ, unless this action be fully explained to be so.

10th. Calomel and opium in rheumatism is a hackneyed treatment which we have all practiced with varied success. The patients have recovered, and we have not pushed the remedies so far as to do them injury. At best, the merits of this course appear to be negative.

11th. Colchicum has been one of my favorite remedies in this disease, but I am free to say that it has frequently disappointed me in the effect anticipated, and never produced the results in my hands which have been attributed to the alkalies and lemon-juice. From some experiments published by Dr. Maclagan, of Edinburgh, the physiological action of colchicum in diminishing urea from the blood, and passing it off by the urine has been conclusively settled. Whether its beneficial effects are produced by such action is yet uncertain.

12. In regard to local applications in acute rheumatism, my dependence is solely upon leeches and ice, or iced water; the ice or iced water I consider invaluable, and have used it in many cases, and *never* without the most decided benefit, both as regards the comfort of the patient and the curtailment of the disease. I have repeatedly pursued the inflammation from joint to joint, and from one side of the body to the other in its fugitive course, and for the first time have to see a case of metastais to the heart, where they have been used. I do not believe this result can be brought about by such treatment, *i. e.* that it is productive of it. It may occur under the treatment, but, as I have seen it repeatedly where this remedy had not been resorted to, it would be strange, indeed, if rheumatism should never metastate where cold applications were used. There is in my judgment unnecessary alarm manifested in regard to the danger of the remedy.

Dr. Remington believed all the tissues were affected by it. He believes that he had seen it in the brain, stomach, and bowels. He had seen a serious case of rheumatism of the bowels some years ago, which recovered after a long indisposition extending over three months. The case eight or ten years afterwards, died under quack treatment very suddenly, and with every appearance of a metastasis to the heart, under the use of cold sheets and packing. He also mentioned the case of a girl 12 or 14 years old, who took a bath and then studied her lesson under an open window. He used vin. colch. rad. combined with an anodyne, as morph, sulph., aq. camph., and spt. æth. nit., perhaps the iodide of potassium, or the nitrate, if fever presented. The case recovered rapidly. Along with this he gave a pill of comp. ext. colochnth, acet. ext. colchicum and calomel. After five or six visits she was restored. Nitrate of potass, was very efficacious. Tartrate of antimony, especially in the articular form, he did not like. Lemon-juice he did not rate very high. If there was gout with it, this would certainly do a great deal of mischief. Bleeding was of use sometimes; cupping very advantageous. *Ice* was *never beneficial.* We often see it affecting the heart, and often proves fatal in these cases, hence we should prefer to have it externally rather than internally. In general, physicians, especially the juniors, are too apt to think they do everything and nature nothing. Now he thought the reverse; the *vis medicatrix naturæ* should not be overlooked.

Dr. Bell thought the lecturer was rather brief. A very important thing is to impress on the public mind the risk of its becoming rheumatism of the heart of a grave kind. This is not so fatal as is thought. The sero-fibrous and muscular, were the tissues affected.

Shall it be regarded as a blood disease or not? Every disease was to a certain extent a disease of the blood. If we prevent the skin from acting, as where animals have been sealed up as it were, in various experiments, we produce a disease of the blood. The common treatment of venesection is very valuable and important, especially if the heart is attacked. A fact interesting to know, is the proportion of cases of rheumatic inflammation of the articulations to those of the heart. In 136 cases of rheumatism, the heart was affected in 90, as one writer tells us. Dr. B. was better pleased with bloodletting in endocarditis and pericarditis than in other cases. He had treated a case in a young man for another physician with partial relief, when he had a return of it in the heart. He then bled *frequently* and observed as a result, in a subject who was liable to repeated attacks previously, an entire immunity for years after. In more doubtful cases in which stimulants had been used freely, he should not hesitate to bleed, and had in such seen good effect as before, and a freedom from attacks afterwards. The *cure* of the attack occupies as too much to the exclusion of *prevention*. Sometimes he began by a more moderate course, as with colchicum and alkalies, antimony and opium, with relief and an apparent removal of the disease; but it returned: then he had recourse to depletion, as cups or leeches, and not always from the arm in a broken constitution, as from intemperance, &c.

This is not called for in subacute cases, and especially of pericarditis; we may then treat by opium and calomel, and it yields rapidly. In the chronic form with carditis, we have the best effect from iodine, as iodide of potassium, never in full doses, 5 grs. twice a day, with syr. sarsap. comp., or syr. of wild cherry. A far more troublesome form is the subacute, where it seems to get well, patient going about, and has a return of the disease, again laid up with excessive pain night after night. Opium fails to give relief, depletion does not do from the condition of the patient, he then becomes hopeless of relief and quackery is invoked. Here the skin pours out an acrid sweat. In such cases (though it may seem homœopathic) diaphoretics are of service, but though like to like, yet being in sensible doses it cannot be termed that practic; pulv. ipecac. et opii, or opium with tartar emetic, and the vapor bath comes in with good effect. With a febrile condition, a shower bath, and even cold locally are beneficial. This is best in the acute form of the disease, and not when the skin has lost its power, and we have general weakness. He could say little in regard to the use of a particular remedy. He never used persistently one remedy, but varied them according to circumstances, colchicum, bleeding, purgatives, or opium. He had used lemon juice and watched closely its effects, but failed to derive such benefit as has been remarked by others.

Dr. Smith said, in regard to his paper, that he had no opportunity to make it more elaborate, having been very busy. His object was to present only prominent *points* on the subject, so as to elicit discussion. It especially relates to acute rheumatism, accompanied with high fever; the inflammatory form.

Dr. TURNBULL asked Dr. S. to inform him what treatment he would make use of in a child taken with a chill, vomiting, fever, pulse 120, respiration oppressed, pain in the cardiac region, roughness of the sounds of the heart, and a murmur above the nipple? What course he would pursue if not using depletion and calomel? He had seen pericardits and endocarditis relieved, and the patient to live some time after. High European authority was in favor of a cure of these affections, and with this treatment. These diseases are on the increase, and he would be sorry to think them utterly incurable. He had seen a case of disease of the heart, developed by influenza, and had seen it subdued by calomel, and subsequently iodide of potassium, in 5 grain doses, and now, three years after, she was entirely well.

DR. SMITH thonght he was misunderstood; he did not mean to propagate the opinion that pericarditis and endocarditis could not be relieved; they could be relieved, and were supposed to be cured; but when there was inflammation of the pericardium, or of serous membrane lining the heart, he never saw a patient so radically cured that the patient would not die eventually from heart disease, unless cut off accidentally. Cases of heart disease, dying suddenly, &c., when traced back, would be found to have had rheumatism united with an affection of the heart. Not one in ten, that had fallen from heart disease, but had pericarditis or endocarditis, and had been living on in apparent health. In regard to the case of Dr. Turnbull, he would pursue the course: leeches over the heart and meet symptoms in a rational way, as they presented.

DR. BELL remarked that such cases were carried for years, and hence they should be treated to prevent extensive disease of the valves, which was a common result of neglected endocarditis, but not at all, if treated in a proper manner.

DR. H. HARTSHORNE believed they were sometimes cured, living at least for many years without any sign of disease. We must not forget, however, the number of fatal cases of heart disease which are not inflamatory in their origin. The local stiffening of the muscles, alluded to by Dr. Bell, and so common as an effect of partial exposure to the cold, he would class under simple inflammation, making a different disease of true articular rheumatism, or rheumatic fever. Many families never have genuine rheumatic fever, or accute articular rheumatism. Whether urea is the poison is very doubtful. When we can trace the effects of urea, retained in the blood, we do not have symptoms of articular rheumatism. The suggestion that it may be lactic acid, in excess, is more free from positive objection, but he knew very little of the effect of lactic acid in the blood. Care is certainly needed in the use of cold water to the surface in rheumatism. Dr. H. believed it to be more hazardous when the fever is high than when subdued and more local, as then the poison may be supposed to have been in part eliminated, and the danger of metastasis less. Even the repulsion of the blood from the surface may be, in ordinary cases, a cause of internal i-flammation.

Dr. Smith said that Dr. Maclagan, in his experiments, found urea in the blood, and then, under the effect of medicine, it left the blood and was found in the urine. These facts seemed very conclusive to this point. He would ask the gentleman to explain how cold does repel the blood, &c., and produce metastasis. Experience does not prove it in acute rheumatism. He would like the *modus operandi* of the process, something more than mere prejudice against the remedy.

Dr. Hartshorne. Finding urea in the blood does not prove it the cause of rheumatism. Eminent physicians have observed the same thing in other diseases, as typhoid fever. The explanation of metastasis appeared to him very simple, if we take for granted that rheumatism is a disease of the blood. Whatever repels the blood from the surface tends to promote the deposit of morbid material in interior organs. When we pursue the disease from "joint to joint," this is a metastasis occurring under our eyes.

Dr. Emerson (having called Dr. Remington, Vice President, to the chair.) Rheumatism depends on different causes. The cold applications he considered, from his own experience, as fraught with danger. He should never forget one case, a stout man, with violent rheumatism of the lower limbs, and especially of the knee-joint. He was under treatment some weeks, and much improved, when Dr. E. had to leave the city, and made arrangements to send a friend, if necessary. The friends of the patient persuaded him to send for a hydropath, who subjected him to packing. The chest became painfully affected, and grew worse with every additional packing; still the hydropath stupidly persevered, and when Dr. E. returned, the wife had just interfered. He found him very bad, so that the least motion or long breath, caused him to cry out. He was in a very critical condition. Dr. E. restored the disease to its former locality, by warm applications over the joint and lower limbs, and by the pulv. Doveri, and warm draughts, the pain left the heart and chest. In this case there was every reason to believe that it left a locality where it was not dangerous for a vital position. He wished to call the attention of the members to a remedy which, in one case, produced a sudden and agreeable result: croton oil to the spine and back. It was in the case of a young man, 19 years of age, with rheumatism in an aggravated form. The oil was applied freely, and getting on the shirt, spread over the back, and produced a most awful condition, and loud complaints from the patient. He got well, and that faster than any cases Dr. E. had ever seen. He frequently applied it, and with a very beneficial result. In regard to attacks of rheumatism in the heart, he knew no treatment so effectual as nitre ℥ij, tartar emetic gr. j, and opium gr. j. divided into 12 powders, one taken three times a day. In corpulent women, as cooks, we have often complaints of pains at the heart and chest, which are traceable to rheumatic attacks; this treatment, sometimes alternated with, or succeeded by, potassii, was eminently successful.

Dr. Nebinger thought he had seen two cases, in which by cold, metastasis was produced from the part affected to the heart. One was a young lady who was out in the evening to a party; shortly after she returned she was seized with violent pain in the ankle. Her mother, attributing it to apain produced by dancing, poured cold water over it. This produced speedy relief, but immediately after she was seized with violent pain in the chest oppressed breathing, &c. On being sent for, Dr. N. found, on examination, no reason for a belief in its being a sprain and diagnosticated rheumatism which had undergone a metastatis to the heart. He put the foot in hot water, and after mustard plasters, &c., it returned to its first locality and showed a case of acute rheumatism, by which several joints became affected. Here it was clear, cold water was detrimental. Another case was that of a man who had several times inflammatory rheumatism. On one occasion, after having suffered for several days, by the advice of a friend, he applied ice water and salt to the part. Although he experienced immediate relief in the part, yet violent pains set in in the cardiac region. He was bled freely, and before the bleeding was finished the pain was subdued. Sinapisms and other stimulants were applied to the joints, and after the disease was re-produced there, he was cured by the usual means. Having a predisposition to travel, is it good treatment to encourage it to do so by cold water? Some cases require very little, and others an immense amount of treatment. Of all remedies the "*hackneyed* remedy" is the best and hence he did not like this appellation. He did not like to hear good things called by bad names. Would we apply it to quinine, because so much used in autumnal diseases? Good remedies are solution of nitrate of potassa, colchicum, tartar emetic and opium. In the first severe case he ever saw of articular rheumatism, Dr. N. used cotton to the parts, and nitrate of potassa, tartar emetic and opium; it went on with little or no improvement for several weeks, and he changed the remedies; he at that time feared the use of mercury, feared the production of salivation; by and by, the case not improving, he determined to run all risks and used blue pill, with nitrate of potassa and opium, and in a little time it was cured. He reasoned thus: we have a patient sick a long time, several weeks suffering a great deal, and when grown quite dissatisfied with the treatment, and hope begins to quit us, we have recourse to this Sampson. Why delay? Why make use of the little Davids? Why not call on Sampson at once? Since the time referred to, he had used mercury in every case of any severity without delay. He emtied the bowels, used the lancet if necessary, and then proceeded as follows ℞. Potassæ nitratis gr. x; Mass. pil. hydrarg. gr. j–jss; Ant. et. pot. tart. gr. $\frac{1}{12}$; M. Give one every 2 hours. Under this he had seen cases get well in ten or twelve days, when under other treatment they would have lasted weeks. He applied cotton to the joints. This was seemingly applying heat to a part already too hot. There is a certain amount of insensible perspiration going on, which collects between the cotton and the part to which it is applied, and this collecting it, acts as a local vapor bath; benefit was thus produced, and this, also, was an argument against the use of cold to the part.

Dr. Bell thought the difference in the reports of the experience of the gentleman may result from the different stages, constitutions, &c. It is a vulgar error that the application of cold drives the blood into the internal organs. The heart responds to the application of cold to the surface, and we have a synchronous depression of its action.

Dr. Hartshorne would still have to remain in the *vulgar opinion* in common with all other physiologists except Dr. Bell. He could not consider the application of cold to the part a safe treatment in acute rheumatism.

Dr. Smith thought Dr. H. would make the application of cold drive a little *more* poison to the heart. Now Dr. S. contended if there was any poison in the blood it was already in the heart, and that organ was as likely to take on the deceased action from the presence of an ounce as of a gallon of diseased blood. His theory was, that it was not the *amount* of poison that produced the effect. Dr. H. makes a certain amount of poison necessary to derange the organ, if his theory was correct. In regard to the term *hackneyed*, to which so much objection had been taken by Dr. Nebinger, he would say, that he meant to apply to the medicines calomel and opium no opprobrious epithet. On the contrary, there were no articles in the whole Materia Medica he more commonly used in general practice.

He simply meant to speak of those remedies as being in almost universal use, and in the hands of the whole profession.

On motion, the society adjourned.—*Medical and Surgical Reporter.*

Radical Cure of Hernia. We find the following excellent article on the Radical Cure of Hernia in the last number of the Virginia Medical Journal :—

"A safe, speedy and permanent method of relieving hernia, would undoubtedly be regarded as one of the greatest improvements in the province of surgery. It is not strange, therefore, that this subject is constantly occupying the attention of surgeons, and that novel suggestions and experiments are being frequently made, in the endeavor to gain this desirable result. Among the most recent and really practical articles on this subject, is the interesting lecture of Mr. Wells of London, which appears in our present issue, and we recommend its careful perusal to our readers.

Amidst the many triumphs of modern surgery, we can but wonder that so little has been done towards the radical cure of hernia. According to careful statistics, not less than one in twenty of our population is afflicted with this misfortune.*

In the United States, then, we may assume the number to exceed *one million*, and we can imagine with what eager gladness this immense class of the community would resort to any mode of permanent relief, whose success had been sanctioned by time and experiment. Such a brilliant prize is indeed an inducement to the profession to think seriously and long upon any proposition which promises such a result. We therefore regard with great interest the modifications of the method of radical cure by invagination, first suggested by Gerdy, improved by Wutzer, and practiced by the last named surgeon and Rothmund on the continent, and by Wells and Erichsen in England. We also direct the reader's attention to the operation as performed by that promising American surgeon, Dr. Carnochan of New York, whose experiments with the seton in this connection, are published in our pages.

Sooner or later the successful cure of reducible hernia must be achieved. Its victims are numerous, the magnitude of the interests involved so large, and we will also add, the difficulties in the way too small, to make us doubt the fact. In an age, when we do not hesitate to grope amongst the vitals for the largest artery and tie it successfully, or to extirpate enormous abdominal tumors, or overcome the most horrible deformities by the dexterous use of the anaplastic method, we have a right to assume that a cure for hernia will also be discovered. Ask any one, not familiar with the history of surgery, which is the most difficult of execution, to obliterate a small opening in the abdominal walls, or to cut a stone from the bladder, and what answer would we expect? Yet the operation for stone is practiced with increasing success every where, while we still offer no remedy for the simpler malady.

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*Vide Malgaigne's Lectures and the Observations of Astley Cooper and others. Va. Med. Journal, vol. iii, p. 42.

Again—hernia has been radically cured many times. We know precisely what the process is. We know by observing the results of the operation for strangulated hernia, that in a large proportion of cases the inflammation following upon the operation results in an obliteration of the opening.

It is also found that inflammation in the neck of the hernial sac, no matter how produced, will result in a radical cure. Thus, a truss, by long continued pressure on the inguinal ring and hernial sac, occasionally cures, and hence the attempt has been made to cause the desirable inflammation at this point by *injections into the sac*, an operation which, we regret to say, has been too much neglected. If we do not fear to throw the iodine solution into the pleura or pericardium, into ovarian cysts, or even into the peritoneal cavity, why should there be any hesitation in using the remedy for the radical cure of hernia?

The whole subject is full of interest to the profession and to the public. The frequency of this disease amongst the negro population renders the question one of importance in a money point of view. Not less than *one hundred and fifty thousand negroes* are afflicted with hernia."

"POLYSARCIA.—An Italian priest, who rejoiced in the name of Paolo Moccia, is reported to have weighed less by 30 lbs. than his own bulk of water, and therefore could not sink in that fluid. He was water-proof, as light as a cork, and could not drown.

M. Blainville is reported to have remarked, after a tour across the channel: 'We have seen many individuals of the English nation whom embonpoint had rendered almost monstrous; and I remember, among others, a man exhibited in the Palais Royal, who weighed 500 lbs. He was literally as broad as he was long.' From the correspondence of weight, the fat man here alluded to must have been Mr. Bright, a tallow chandler and grocer of Malden in Essex, who died in the 29th year of his age. Seven persons of the common size were with ease enclosed in his waistcoat, and a stocking, which when sent home to him was found too little, was large enough to hold a child four years old. Mr. Bright was esteemed an honest tradesman and a facetious companion. He was comely in his person, and affable in his manners. Heavy though he was, he fell short of the weight of Daniel Lambert, who exceeded him by 10 stone, and died after living through 40 years, leaving behind him the posthumous fame of being the most ponderous or colossal man that has been ever authentically known. In him mice might possibly have nested, if it be true that a Bishop of Mentz, or as Hudibras has it:—

> ' A Saxon duke did grow so fat,
> That mice (as histories relate)
> Ate grots and labyrinths, to dwell in
> His postique parts, without his feeling.'

Polysarcia may be repressed and lessened by systematic exercises —living on sixpence a day and earning it; by sleeping little, and only indulging in food of sparing quantity and a dry kind; by fretfulness of temper, or real anxiety of mind. These will prevent any one from getting fat, and make the fattest man thin. If we are to trust Shakspeare, the great Julius Cæsar had a keen preception of the causes and indices of meagreness. He says to Antonius:—

> 'Let me have men about me that are fat;
> Sleek-headed men, and such as sleep o' nights:
> Yond' Cassius has a lean and hungry look:
> He thinks too much: such men are dangerous.'

Antony, in reply, beseeches Cæsar to fear him not, as there is no reason, and he is a noble Roman; but Cæsar again returns to the charge:—

> ' Would that he were fatter;'

and so enters on his monologue. Examples of extreme attenuation are now and then observed. An American named Calvin Edson, shown a few years ago, was wonderfully emaciated. He weighed but 58 lbs. A Frenchman named Seurat is said to have been considerably lighter than even this. He was exhibited at one time under the attractive soubriquet of the living skeleton. I have not succeeded in ascertaining his actual weight, but he is said to be as extreme an illustration of leanness as can be imagined. He lived upon ℥iij of nourishment daily, comprising a little meat and bread. Neither the American nor Frenchman had any disease. The Frenchman was 30 years old, and had wasted from infancy. The American was 40 years of age, and had been getting sparse for 16 years. —*Wright's Therap. Contributions.*"

" EDINBURGH CELEBRITIES FROM AN AMERICAN POINT OF VIEW.—Dr. Simpson, a short thick man, with what Gerald Masy calls " bodys of Bacchus and the head of Jove," really a very fine head, covered with long black curls, seamed with gray, a round Scotch face, high cheek-bones, penetrating mild eyes and curious prim mouth, deep sunk between the nose and chin, like that of Cicero. And there is no reason why it should not, for the doctor, too, is eloquent in his own sphere. He persuades nervous females into good health, and amuses all by his genial humor and stories. He is a bold experimenter, and has hit upon other things than chloroform. Many tales of his benevolence are told. The poor never apply to him in vain.

Not a few of his own profession envy him, and assail his reputation for the love of novelties, etc.; while, on the other hand, the disciples of mesmerism and the water cure declare he could say something in their favor, if he had the courage and the good will. Professor Syme, the first operator alive, is a clean made, gentlemanly man, with a finely formed, baldish head—a most concise, decided individual, sharp, curt, and unceremonious as his own knife, but always going direct to the heart of the matter, never wasting a drop of blood, or a drop of ink, or a single word. He is not much addicted to giving drugs. He likes to see what he is about, and has no fancy for poisoning people at random with the preparations of chemistry. A colleague of these two, and an opponent of the former in reference to homœopathy, is Professor Henderson, the leader of homœopathic warfare in Scotland, a tall, compact, swarthy, bushy-haired man, dexterous at controversy, and capable of making a clear extempore statement, in a style that many lawyers would envy.—*Scottish American Journal.*"

The Public Healh.—The week has been signalized by the opening meeting of the National association for the promotion of social science. Lord Stanley, president of the department of public health, gave an excellent address. The concluding portion is too good to be lost.

"Dry and unattractive as sanitary studies may appear, they belong to the patriot no less than the philanthropist; they touch very nearly the future prosperity and the national greatness of England. Don't fancy that the mischief done by disease speeding through the community is to be measured by the number of deaths which ensue. That is the least part of tht result. As in battle, the killed bear but a small proportion to the wounded. It is not merely by the crowded hospitals, the frequent funerals, the destitution of families, or the increased pressure of public burdens, that you may test the suffering of a nation over which sickness has passed. The real and lasting injury lies in the deterioration of race, in the seeds of disease transmitted to future generations, in the degeneraco and decay which are never detected till the evil is irreparable, and of which, even then, the cause remains often undiscovered. It concerns us, if the work of England be that of colonization and dominion abroad—if wild hordes and savage races are to be brought by our agency under the influence of civilized man—If we are to maintain peace, to extend commerce, to hold my own among many rivals, alike by art and arms—it concerns us, I say, that strong hands shall be forthcoming to wield either sword or spade—that

strong hands shall be forth coming to wield either sword or spade—

that vigorous constitutions be not wanting to endure the vicissitudes of climate and the labors of a settler in a new country. I believe that whatever expectations may be found in individual instances, when you come to deal with men in the mass, physical and moral decay necessarily go together; and it would be small satisfaction to know that we had through a series of ages successfully resisted every external agency that if we learnt too late, that that vigor and energy for which ours stands confessedly pre-eminent among the races of the world, were being undermined by a secret but irresistible agency, the offspring of our own neglect, against which science and humanity had warned us in vain."

NEW HAMPSHIRE JOURNAL OF MEDICINE.

MANCHESTER, APRIL, 1858.

James McClintock and the American Medical Association.—In our Journal of last August we expressed our opinion of the conduct of the notorious individual whose name stands at the head of this article, and our surprise that so high minded a man as Dr. Reese, of New York, should have aided in placing him in a prominent position in the profession.

Since that time the whole subject has been the theme of a somewhat acrimonious controversy between several of the medical periodicals of the Union, in the course of which the whole history of the circumstances under which McClintock received his appointment has been made public and we now know why Dr. Reese did what, unexplained, was a matter of astonishment to all who know him. We copy from the American Medical Gazette the following from the pen of the editor (Dr. Reese) which gives as he says the—

"FACTS IN A NUTSHELL.

1st.—In May, 1856, at the annual meeting of the American Medical Association, held in Detroit, Michigan, Dr. James McClintock, of Philadelphia, was excluded from that body for a violation of the Code of Ethics, he having been for two years preceding engaged in nostrum vending, and advertising nostrums, contrary to our law.

2nd.—Soon after this act of discipline, he abandoned all interest and participation in this quackery, as we regard it, and sought to return to the legitimate profession. He was aided in this effort by many of his old friends, who deplored his fall, and he was elected a member of the Board of Health of his native city, and resumed in an humble way the practice of his profession.

3rd.—In May, 1857, a vacancy occured in the Philadelphia Hospital, by the resignation of the Resident Physician. Encouraged by his political friends, the Guardians of the Poor, the appointment being in their gift, Dr. McClintock became a candidate for the post. A formidable opposition was made to him by the medical profession, urging that he had forfeited his rank, and lost his status, by the act of the Association in excluding him from that body. But his political friends overruled this objection, caring nothing about his relations to the Faculty, and only sought proof that he was competent to perform the duties of the office.

4th.—They therefore applied to a number of gentlemen in the profession, at home and abroad, by letter, and among others to us, distinctly inquiring 'whether Dr. James McClintock was qualified by education and experience' for the office he sought.

5th.—We replied, as truth, justice, and humanity demanded, in the *affirmative;* and this from our personal knowledge of his acquirements. Similar testimonials were given by others, some of them our seniors and superiors in the profession. All of us being prompted by the same motive, in extending our hand to raise a fallen brother to a position he needed for himself and family, and for which we knew him to be well qualified. Nor did either of us dream of committing an 'iniquity to be punished by the judges,' or censured by our peers. We were sure that we violated no part of our Code of Ethics, and felt that we were conforming to that 'golden rule' which is our 'higher law,' and which includes all Ethics worthy the name.

6th.—Whereupon Dr. McClintock was chosen by a nearly unanimous vote, and has ever since been retained at his post, giving in all respects the highest satisfaction to the authorities of that city and the public."

In view of these facts we have not the first word of censure to apply to Dr. Reese. We are very sure that under similar circumstances we should have done the same, nor do we think any man would have been justified in a different course.

But although for humanity's sake we would allow him to earn bread for himself and his family, even at the expense of that profession he has abused and degraded, we would in no degree withhold the expression of our detestation of the crime he has committed and of his character as a man which by his acts he has irrecoverably compromised.

We highly approve the conduct of those Assistant Physicians who declined remaining in the Hospital under the control of such an individual, and we as decidedly disapprove of the efforts made by certain persons to restore this individual to a sort of quasi-respectable rank in the profession.

In our article of August we said:—" We can never look upon James McClintock but as a knave, and shall be in daily expectation of some betrayal of his true character whenever by so doing he can gain a temporary advantage, and we should feel as unsafe in association with him, as with any other naturally dishonest man." Recent developments prove, that our expectations are likely to be immediately realized, as well as that the unblushing impudence and demagogueism of McClintock have in no degree been effected by his misfortunes. We find the following announcement in Dr. Reese' journal:—

" It is rumored from Philadelphia that the authorities of the Blockley Hospital have appointed Dr. James McClintock, their resident Physician, a delegate to represent that Institution at the next annual meeting of the American Medical Association, in the city of Washington, D. C,, which is to be held next month.

The following extract from the Constitution will show the authority under which this appointment is valid, viz:

'The professional staff of every chartered or municipal hospital containing a hundred inmates or more, shall have the privilege of sending two delegates.'

Dr. McClintock has only to '*register his name and address, with the title of the institution he represents*,' and the committee of arrangements have no other discretion than to report on his credentials as a delegate, and he becomes a member of the body for one year by the express provision of the Constitution."

We are both surprised and grieved that Dr. Reese should express his pleasure at such a sequence to the good natured assistance rendered to his *degraded friend*, but not a whit surprised that McClintock should show himself so lost to common decency as to insult the whole profession by presenting himself for membership to the Association. It is in perfect keeping with his whole life and we fully expect to see his brazen face presented without even one decent blush, at Washington on the 4th of May next.

Whether the Constitution of the Assaciation will oblige the membors to receive McClintock as a member, we are not prepared to decide, but if so, we hope no time will be lost in so modifying it, as to prevent a recurrence of the indignity, and we may be allowed to hope that Dr. Reese will for his own sake exert his influence with his friend to prevent an occurrence which must unavoidably prejudice his own standing with the profession.

The American Medical Association will convene at Washington City on Wednesday the 4th day of May next. There is every prospect of a full attendance.

The following are the Delegates from this State:—

E. K. Webster,
W. Leighton,
C. H. Shackford,
J. C. Eastman,
W. H. H. Mason,
J. S. Fernald,
C. P. Gage,
G. H. Hubbard,
W. H. Thayer,
C. F. Elliot,
George Sanborn,
John Clough,
Josiah Crosby,
G. B. Twitchell,
Thomas Sanborn,
Wm. D. Buck,
F. P. Fitch.
P. A. Stackpole,

from the state society and E. H. Davis and Thomas Wheat from the Manchester Medical Association. We hope every one will make his arrangements to be present or send a substitute.

A Manual of Medical Diagnosis: *Being an Analysis of the Symptoms of Disease. By* A. W. Barclay, M. D., &c. *Philadelphia: Published by Blanchard & Lea.* pp. 423.

The author of this work was for ten years Registrar in St. George's Hospital, during which time more than twelve thousand cases of disease came under his observation. The results of a careful registration of these cases he has embodied in this volume which is constructed on an entirely different plan from the excellent work of the late Dr. Marshall Hall.

The book commences with an introduction followed by Chapters on the "Methods of Diagnosis,"—"Duration and sequence of Phenomena," "General Condition of the Patient," "Febrile Diseases, Rheumatism Gout, &c., &c.

The various diseases are carefully considered and the distinctive features of those liable to be confounded are accurately described.

We venture to predict that the work will be deservedly popular and soon become like Watson's Practice, an indispensable necessity to the practitioner.

" SILVER SUTURES IN SURGERY," is the title of an Anniversary Discourse delivered before the New York Academy of Medicine by J. MARION SIMS, M. D. It is unnecessary to tell who Dr. Sims is, as his improvement in the mode of treating the surgical diseases of women are familiar to every well informed Physician. He is now at the head of a new "Woman's Hospital" in New York, devoted to the treatment of diseases consequent to parturition.

The address before us gives, in a modest and unassuming manner the history of his experiments in treating Vesico-Vaginal Fistula; from his first case in 1845 to the present time. Dr. S. places special value upon Silver Sutures not only in his speciality but in general Surgery, considering them more likely to produce union by first intention, and less likely to cause ulceration than any other suture.

THE " TRANSACTIONS OF THE ILLINOIS STATE MEDICAL SOCIETY " for the year 1857 constitutes a volume of 128 pages. The papers are highly creditable to the contributors.

THE NEW YORK OPHTHALMIC HOSPITAL located at No. 6 Styvesant Place under the control of DRS. MARK STEPHENSON and J. P. GARRISH of which the Fifth Annual Report has just been issued appears to be in a flourishing condition. The number of cases treated during the year 1857 amounted to 1043.

N. H. JOURNAL OF EDUCATION.—We have received the numbers of this Journal for the current year and are happy to be able to commend it to the attention of every friend of Education.

This journal was started in this city something more than a year ago but was conducted in such a miserably embecile manner as to merit as it received, the neglect of all the better class of teachers. Since it has come under its present editors it has taken a high stand.

Henry E. Sawyer is the resident Editor, assisted by Augustus, Berry of Mont Vernon; Harry Brickett, Reeds' Ferry; N. F. Carter, Exeter; G. W. Gardner, New London; J. W. Patterson, Hanover; A. M. Payson, Portsmouth; E. T. Quimby, New Ipswich; C. S. Richards, Meriden; M. N. Root, Francestown; D. H. Sanborn, Hopkinton; M. C. Stebbins, Nashua; B. F. Wallace, Manchester.

It is Published by *Jones & Cogswell* at Concord at $1,00 a year.

For the N. H. Journal of Medicine.

LETTER FROM DR. THAYER.

Mr. Editor:—Permit me through your Journal, to repeat to medical men in New Hampshire a request which I made them last autumn, to assist me in making a report on Typhoid Fever to the N. H. Med. Society. I earnestly request every physician to send me, before the first of May, a report of the cases of typhoid fever which he has seen since the spring of 1856. It is desirable to have the number of cases, their dates, age, sex, duration, result, the prominent symptoms and general character (cerebral, pectoral or abdominal), the treatment, a description of the towns, as to their elevation, aspect, soil, etc., and any circumstances relating to the cases which are thought interesting or important. I shall be very grateful for as full a report as possible from all physicians, whether the cases they saw were many or few; and when any report is sent me, I wish to know whether it includes all the cases which occurred in any town. When physicians are unable to furnish all the particulars I have requested, will they please send at least the number, date, general character and results of the cases under their observation?

I make this appeal to my professional brethren, with confidence that they will respond to it. The State Society made me last year the committee on Practical Medicine; and I have thought that the society and the science of medicine can be best served in this case by the committee's undertaking to present a view of a single disease as it has appeared in the State for two years. If I have the support of the whole profession, such a report can be made a valuable one. I rely upon their zeal, and shall give full credit in my report to all who render me assistance. It is very important that all papers should be in my hands as early as the first of May.

W. H. Thayer, M. D.

Keene, N. H., March, 1858.

Treatment of Chancre in the Early Stage of Syphilis. By C. T. Bonsall, M. D., Trenton, N. J. The great majority of cases come to us in the primary stage—the greater part of these in the formative process. There is a chancre developing itself upon some part of the genital organs, with or without swelling and soreness in one or more of the neighboring lymphatics. There has been no constitutional infection as yet. The chancre is the point of disease; destroy it, and we get rid of the specific poison, and the sore will heal. The lymphatic can only be considered as affected by sympathetic irritation. The point of interest to the physician is to destroy the chancre as speedily as possible; if there be no hardened base, he may apply some caustic, dress the sore with simple cerate, and in a few days it will heal, and give no further trouble. If the chancre has an indurated base, the question is, can this be destroyed in reasonable time by escharotics, or is exsection preferable? The knife is often to be preferred to a mere superficial application of caustic. The surgeon will remove the tumor, apply some lunar caustic, and treat the sore afterwards as a simple wound; but, in most cases, he will find that a solution of pernitrate of mercury, or of the fuming nitric acid, or a strong solution of nitrate of silver, will, if properly applied, obviate the necessity of "cutting out," to which most patients object. Let him take a small portion of cotton wadding, saturate it with one of the above corrosives, and apply it directly to the chancre; place upon it several doubles of lint, to soak up any excess of the liquid, and prevent it spreading over healthy parts. A staip of adhesive or isinglass plaster will retain them *in situ*. When this "dressing" is removed, he may, before the eschar sloughs off, apply a dressing of mercurial, basilicon, or simple ointment, or what I think preferable, a strong solution of tannin in water (℥ij to the ʒ), by saturating a pledget of lint, and retaining it on the sore with a strip of plaster. If, after the eschar comes off, there be evidence that the chancre has not been completely destroyed, he can repeat the cauterization; when healthy granulations appear, a simple cerate dressing will be all that is necessary. Sores that present profuse ichorous discharges, or having a tendency to spread rapidly over the superficies, will derive great benefit from a dressing of the tannin solution, or from tannin in powder. If much tumefaction or inflammation supervene, soft poultices containing laudanum may be of benefit, but they should be used sparingly, as they lower the action and tone of the parts to which they are applied, and prepare the way for sloughing; fomentation with tepid water and laudanum answers as well; and being changed oftener, may be preferable. One or more of the neighboring lymphatics may be swollen and painful; this is either from infection or sympathetic irritation (in most cases the latter), and will disappear after the destruction of the chancre. Such a result may be hastened by rubbing in over it a little mercurial ointment once or twice a day. If the swelling remains, or increases, and presents evidence of specific disease, a constitutional treatment will be proper. Proto-iodide of mercury, in grain doses, three times a day, with the application of mercurial ointment over the gland, will most probably cause its resolution. If the chancre seems sluggish, and little disposed to heal, after a moderate mercurial impression on the mouth, I have found iodide of potassium act very beneficially, being allmost as valuable in this stage of syphilis as in the secondary (*see* page 185, vol. x.). To obtain the best results with iodide of potassium, the dose must be steadily increased from say eight or ten grains three times a day up to a hundred or a hundred and twenty grains daily, in three or four doses, always halting, and proceeding cautiously in increasing the dose when sneezing becomes violent, or the conjunctiva irritated and inflamed. Iodide of potassium, like nitrate of potash, should be given in a considerable amount of any vehicle desirable. I commonly order the dose to be taken in a teacupful of hop tea, and seldom hear complaint of irritation of the stomach or fauces. *Med. Surg. Reporter.*

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A good location, free from competition, in a pleasant country town, may be obtained on very reasonable terms.

Enquire of the Editor of this Journal, at Manchester, N. H.
April 5, 1858.

THE NEW HAMPSHIRE

JOURNAL OF MEDICINE.

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(For the New Hampshire Journal of Medicine.)

HÆMATEMESIS CAUSED BY ULCERATION AND PERFORATION OF THE CORONARY ARTERY.

BY W. W. WILKINS, M. D.

I visited T. C. on the morning of Dec. 5th, in consultation with Dr. R. B. Carswell. The patient had been vomiting blood very freely for a few days previous, and had been having copious discharges from the bowels, of the color and consistence of tar; evidently coagulated blood that had undergone a chemical change from contact with the gases of the intestines.

Thursday, Dec. 3d. The hæmatemesis became for the first time an alarming symptom. The friends think that at that time, he vomited a pint or more of blood. That thrown up previous to this time, had a dark grumous color; and while a part of it was coagulated the most of it was fluid. In the evening, he had a discharge from the bowels of as much more blood. A part of this was fluid, and light colored.

On Friday evening, and on Saturday morning, he had similar attacks of vomiting, followed by discharges from the bowels, of nearly the same quality, but more fluid and lighter colored.

He complained of excessive pain in the epigastrium. The stomach had not been able to bear any solid food for some weeks, and his diet had been confined to the blandest fluids. The patient was fifty-three years of age; of industrious habits, but unfortunately addicted to intemperance. His debaucheries had undermined a naturally robust constitution, and were undoubtedly the exciting cause of the disease that destroyed his life.

We found him extremely pale, the mucus membrane of the lips was blanched; the countenance expressing great anxiety; pulse quick and small; tongue coated with a brownish fur; subsultus and faintness on the slightest motion.

For treatment, tannic acid was given in small and separate doses. The patient continued much the same, until Monday morning when he died.

Autopsy 26 hours after death in the presence of Dr. Carswell, and the friends of the deceased. Cadaveric rigidity fully established. We found the stomach distended and we passed a ligature around its cardiac and pyloric extremity, before removing it from the body. On opening into the stomach, we found a pint of coagula, and as much more fluid blood. On the internal surface of the stomach midway between the cardiac and pyloric orifices, and in a line with the lesser curvature, was an ulcer one half an inch in diameter in its collapsed state. In the centre of the ulcer, was a nipple-like projection, and through this, was an opening into the coronary artery large enough to receive a probe of an eighth of an inch in diameter. The intestines were filled with blood, serum and coagulum. The other organs of the abdoman appeared healthy. There was an unusual prominence of the ribs in the left mammary region. On the sixth rib, and in a line with the nipple, was a cicatrix, the site (so the patient had previously informed us) of an old discharge, which came on after an attack of pneumonia. It was then attributed to necrosis of the rib. On examing the ribs however, we could not discover any traces of their ever having been diseased. The lungs had the general appearance of being healthy, but on cutting into the apex of the left lung, we found a soft tubercular mass of two or three lines in diameter.

On endeavoring to raise the lungs from the thorax, we found it to be impossible, without using considerable force, on account of the adhesions between the pluræ. The lung was not bound down by bands of adventitious tissue, but seemed intimately connected and adherent to the walls of the chest. On raising it, we found an abscess, or rather a cavity of an inch and one half in diameter, and as much in depth. This was on the superior lobe, and corresponding to the axillary space. The walls of this cavity were quite firm and lined with a firm membrane. There was a little serum but no pus in the cavity. This space was surrounded by solidified (i. e. hepatized) lung. We could not, on cutting the lung, find any tubercles in the vicinity of the abscess. The one already referred to, was the only one we found. after carefully examining both lungs. The heart and large blood vessels were free from disease.

There are two important points in the record of this case, that we think are worthy of consideration : the ulceration of the coats, perforation of the large artery of the stomach, and abscess in the parenchyma of the lung. In regard to the first, Watson says, " that in 1830, there was but six cases on record." He then relates a case that occurred subsequent to that period. The two cases have many points of similarity. One in particular that we think worth noticing, is, that they occurred in men addicted to intemperance. We know that arteries possess a wonderful immunity from ulceration, and that hemorrhage from this cause, does not often occur. Occasionally this does occur in the lungs, but this is the exception and not the general rule. Is it not just to suppose that to the excessive stimulus of the stomach by the use of ardent spirit, this morbid change in their integrity may be to a great measure due?

Abscess of the lung following as a consequence of pneumonia is very rare, if we credit some of our standard authors.

Broussais declares he never saw ulceration of the lung without tubercles more than once, and then the inflammation resulted from a musket ball.

Once only has Andral seen a real abscess of the lung form, as a consequence of pneumonia.

In several hundred dissections of persons dead of pneumonia, made by Lænnec during a space of more than twenty years, he met with only five or six collections of pus in inflamed lung. Once only, did he find a large abscess of that sort. The reason assigned by Lænnec for the rarity of this lesion is, that the disease is either cured by art, or that death takes place before the disease advances so far as for pus to be formed in the lungs, in the form of abscess.

Elliotson says, "I do not reccollect above twice seeing an abscess in the lungs, and when I did, they were small and just as likely to be the result of a few distinct tubercles which had existed in the lungs previous to the inflammation, as to inflammation itself."

Watson does not tell us if he ever saw a case, but declares that the finding of "a circumscribed collection of pus surrounded by hepatized lung, as a consequence of common pneumonia to be an exceeding rare event."

We did not find the circumscribed collection of pus, but we did find the circumscribed space, where pus had evidently been confined.

We do not think that the case *proves* that the lung did recover from pulmonary abscess produced by inflammation of the texture of the lung. Still we think there is the strongest probabilities that such was the case, and not only a recovery from such abscess, but that it was an instance of spontaneous opening through the parieties of the thorax.

If the abscess had been owing to tubercular disease, would we not have been likely to have found tubercles in the surrounding pulmonary tissue? Would a cavity as large as this be likely to be formed by the coalescing of a few distinct tubercles? If such a cavity had been formed, was this the locality to expect to find it in? would we not on the contrary, expect to find it in the apex of the lung?

The pneumonia; the subsequent freedom from pulmonary disease the post mortem appearance of the lung itself, all seem to contradict the supposition that it was tubercular in its origin, and gives us the strongest reasons for supposing it to have been caused by an inflammation of the lung itself. And the occurrence of a discharge of the pus externally near the locality of this abscess at about the same time we suppose it to have been formed; the absence of any traces of any other cause for this discharge; the intimate connection of the lung to the walls of the thorax all of them quite as significantly point to the method by which nature instituted a cure.

Henniker, *April*, 1858.

ACCLIMATION; AND THE LIABILITY OF NEGROES TO THE ENDEMIC FEVERS OF THE SOUTH.

By E. D. Fenner, M. D., Professor of Theory and Practice of Medicine, N. O. School of Medicine.

In the last (*March*) number of that influential and widely-circulated journal, the North American Medico-Chirurgical Review, we find an extract from the work of Nott and Gliddon, on the *Indigenous Races of Mankind*, expressing observations and opinions on the above subjects so entirely different from our own, and, as we believe, so wide of the truth, that we have concluded to invite the special attention of Southern physicians to them, with the view of ascertaining, if possible, to what extent such opinions prevail. We do this in no captious spirit towards our talented and esteemed friend, Dr. Nott; but solely for the purpose of eliciting *truth* on a subject of vital importance, Constituted as men are, they cannot be brought to see things in the same light, nor to reason alike from given premises; yet there must be *truth* on one side or the other in all such discussions, and when it cannot be satisfactorily demonstrated, we have to receive as truth the concurrent observations and conclusions of the largest number of equally competent observers and thinkers. The following is the extract alluded to:—

" The fact is so glaring, and universally admitted, that I am really at a loss to select evidence to show that there is no *acclimation* against the endemic fevers of our rural districts. Is it not the constant theme of the population of the South, how they can preserve health? and do not all prudent persons, who can afford to do so, remove in the summer to some salubrious locality, in the pine-lands or the mountains? Those of the tenth generation are just as solicitous on the subject as those of the first. Books written at the North talk much about acclimation at the South; but we never hear it alluded to *out of the yellow-fever cities.* On the contrary, we know that those who live from generation to generation in malarial districts become thoroughly poisoned, and exhibit the thousand Protean forms of disease which spring from this insidious poison.

" I have been the examining physician to several life-insurance companies for many years, and one of the questions now asked in many of the policies is, '*Is the party acclimated?*' If the subject lives in one of our Southern seaports, where yellow fever prevails, and has been born and reared there, or has had an attack of yellow fever, I answer, '*Yes.*' If, on the other hand, he lives in the country, I answer, '*No;*' because there *is no acclimation against intermittent and bilious fevers, and other marsh diseases.* Now, I ask if there is an experienced and observing physician at the South who will answer differently?"

Dr. Nott here proclaims that "*there is no acclimation against the endemic fevers of our rural districts*," and boldly asks "if there is an experienced and observing physician at the South who will answer differently?"

With all due deference we feel bound to reply that there is at least *one*, and we believe *thousands*, not only of physicians, but planters, too, who differ with him on this question. We were born and raised in the South, and have practiced medicine in the country, in villages, and in the city of New Orleans. We have been a planter also, and have had no ordinary opportunities to observe the effects of acclimation, not only on the white and black races of men, but also on the lower animals, and we must express the opinion, that, *but for the attainment of a greater or less degree of acclimation*, the extensive malarious region of the Southern and Southwestern States never could have reached its present state of population and improvement. So far from the fact being "glaring and universally admitted that there is no acclimation against the endemic fevers of our rural districts," as maintained by Dr. Nott, we contend that exactly the converse opinion obtains; hence the additional value attached by all practical men in these parts, both country and city, to the *acclimated* negro, horse, ox and milch cow. Perhaps it would not be going too far to say that even the dogs, turkeys and chickens have to undergo acclimation before they can do well here.

We thought the fact was universally admitted that all immigrants from more Northern regions to the South were very liable to suffer from the endemic fevers, for the first two or three years of their residence, but that after that period they obtained comparative immunity, and in the course of time many enjoyed as good health here as they did where they came from, and some of them *much better*. They become habituated to the climate and its diseases, and may live as long as the *creoles*, or natives, who certainly make no contemptible display of longevity in the mortuary statistics of the country.

There appears to be a slight inconsistency in some of the remarks of Dr. Nott respecting the *acclimation of negroes* and their liability to the endemic fevers of the South. In one place he says negroes are "comparatively exempt from all the endemic diseases of the South." In another—"The acclimation of negroes, even according to my (his) observation, has been put in too strong a light." * * * * "They never become proof against intermittents and their sequelæ." * * * * "Whenever the whites are attacked with intermittents, the blacks are also susceptible, though not in so great a degree." And again: "Certainly negroes do suffer greatly on many cotton plantations in the middle belt of the Southern States; and I have seen no evidence to prove that they can, in this region, become accustomed to the marsh poison." Dr. Nott applies these observations to the region of country removed from the rice country, and adds: "We shall see further on that the negroes of the rice-field region do undergo a higher degree of acclimation than those of the hilly lands of the interior." Upon this he throws out the suggestion that there may be "difference in the types of those malarial fevers which originate in the flat tide-water rice-lands, and those of the clay hills, or marsh fevers of the interior,"

Dr. Nott says in a note: "A medical friend, (Dr. Gordon.) who has had much experience in the diseases of the interior of Alabama, South Carolina and Louisiana, has been so kind as to look over these sheets for me, and assures me that I have used language much too strong with regard to the exemption of negroes. He says they are quite as liable as the whites, according to his observation, to intermittents and dysentery." On a closer examination of the different remarks of Dr. Nott, above quoted, we confess ourselves somewhat at a loss to decide which side of the question he has raised they tend chiefly to support. First comes the general remark that "there is *no acclimation* against the endemic fevers of our rural districts;" then, "negroes are comparatively exempt from all the endemic diseases of the South;" again, "negroes do suffer greatly on many cotton plantations in the middle belt of the Southern States, and he has seen no evidence to prove that they can, in this region, become accustomed to the marsh poison;" and finally, "that the negroes of the rice-field region do undergo a higher degree of acclimation than those of the hilly lands of the interior."

A reviewer of Dr. Nott, in the Southern Medical and Surgical Journal for January, 1858, says, at page 22: "We must differ from the learned author when he affirms that negroes are comparatively exempt from all the endemic diseases of the South. Such is certainly not the case in this section of Georgia, (Augusta) and in the adjacent portions of South Carolina and Alabama, where every planter knows that his negroes suffer, equally with the whites, annual attacks of intermittent and remittent fevers, dysentery, malarial pneumonia, etc." This writer then goes on to "out-Herod Herod" in his opposition to malarial acclimation, reaching the *ne plus ultra* when he says: "We may safely affirm the liability to *our* fevers are (is) in a direct ratio with the length of time the individual has resided in the malarial district, and that *natives* are the most susceptible." * * * * "Negroes born and reared upon the plantations of Georgia and South Carolina are fully as liable to fever as new comers, and we think much more so." But finally, he concurs with Dr. Nott, that in the *most malarious* portion of the whole malarious region, the low country, "negroes do become acclimated and comparatively exempt from fevers." From this he infers also with Dr. Nott, "that the low-country fever, like yellow fever, must then be essentially different from any form of fever in the upper sections of the Southern States."

Now, to our apprehension, the attainment of more perfect acclimation in the latter region is more justly attributable to the *steady continuance* than to any *peculiarity* of the febrific cause; for we find no material difference in the types of fever prevailing here and the uplands.

There are malarious *seasons* as well as malarious *regions*, and it appears to us that in those climates and localities where the operation of the morbific cause is most *continuous*, the effects should be most *durable*. Thus, by the inherent conservative powers of the animal constitution, it is capable, in the course of time, of habituating itself to the deleterious influence of deadly poisons, as is actually witnessed in the use of opium, strychnine, arsenic and corrosive sublimate. The following quotations from respectable authorities will serve to show how widely different from the commonly received opinion on the subject of acclimation are the positions held by both Dr. Nott and his reviewer.

Dr. E. M. Pendleton, of Sparta, Georgia, in an interesting paper "*on the susceptibility of the Caucasian and African races to the different clases of disease*," published in the Southern Medical and Surgical Journal for November, 1849, after showing the greater liability of children than adults to idiopathic fevers, remarks: "But why the adult should be less liable than young persons is not so easily determined, unless young people in miasmatic districts have to undergo a kind of acclimation, as foreigners, and afterwards become less subject. I have observed that parents seldom have fever where they have lived a long time in unhealthy sections, while their children are frequently every one prostrated at once. Inquire of them however, and you will find that in former years they were equally as subject to it as their children seem to be in later days."

From Dr. La Roche's valuable work "*on Pneumonia and Malaria*," we take the following: Speaking of the *protection* afforded by acclimatization, he says: "That such a protection is thus obtained, to a greater or less extent, in regard to all malarial and some other forms of fever, no one who has examined the subject with attention will feel dispose to deny. By long habituation to infectious localities, and to the high temperature of hot regions, the system becomes acclimatized, and thereby acquires the power of tolerating perfectly and permanently the poison, or of eliminating it as soon as received, without succeeding reaction. The observation is of old standing. Pliny, nearly twenty centuries ago, called attention to the fact, '*that they who are seasoned can live amid pestilential diseases*,' and the statement has been confirmed by all subsequent observations." P. 403.

Dr. La Roche goes on to show correctly that "the dangers of infection to strangers in proportion to the coldness of their native land—that the protective influence of acclimatization is lost by a prolonged residence in cold climates—that the children of the natives and acclimatized do not enjoy the same advantages in regard to protection as their parents, but acquire them rapidly as they advance in age, etc.;" the most of which he also shows to be equally true of yellow fever. P. 404–5.

Dr. Nott says: "An attack of yellow fever does not protect against fevers, nor *vice versa*." This is very true, but we go further still. We maintain that a *mere* attack of yellow fever does not protect completely against the same disease. To effect this purpose there must be a *good strong attack*—one that is capable of modifying the system and leaving a permanent impression. So, likewise, with malarious or country fevers. It requires longer exposure and often numerous attacks before the human system becomes seasoned to the deleterious influence of malaria. Yet La Roche demonstrates the fact by voluminous testimony, and it fully accords with our observation, that persons who have lived long in southern malarious districts suffer much less from yellow fever, when first exposed to it, than those from the North who have been thus seasoned. What does this prove, if not that there exists a consanguinity between these types of fever?

The following extract, from Watson's Lectures, presents this subject in its proper light:—

"Another fact worty of notice, in respect to the agency of the malaria upon the human frame, is that it affects strangers much more readily and decidedly than the natives of the place. In other words, habit mitigates the injurious effects of the poison. Persons become seasoned to it. At Walcheren, through almost every adult among the lower classes had labored, in the course of his life, under the endemic intermittent, yet they were infinitely less subject to it than strangers: and they will not believe that their beloved birthplace is unhealthy. Sir Gilbert Blane says that persons of education, and even medical men, denied indignantly that their country was less healthy than any other; and attributed the sickness which raged among our troops to some trivial circumstances of diet or habits, and not to any insalubrity of the air. This is a curious moral feature, but a very general one. In the pestilential plains of Estremadura the superstitious natives, unable or unwilling to account for a disease of a type so uncommon, among the soldiers, from any unwholesomeness of the air, declared that they had all been poisoned by eating mushrooms. It was found, also, at Walcheren, that the strangers who survived the first attacks became thereafter much less liable to the endemic fevers. The French general, Monnet, who had held the command at Flushing for seven years, had acquired a knowledge of this fact, and endeavored to turn it to practical account. He recommended that troops should not be frequently changed; for when it was the custom to send battalions from Bergen-op-Zoom every fourth night in succession, to work on the lines of Flushing, these men never failed, upon their return, to be taken ill in great numbers. General Monnet therefore advised, however displeasing it might be to the officers, that a stationary garrison should be retained at Walcheren, in order that the men might be habituated or seasoned to the air, (*acclimates*) and he adduced the instance of a French regiment which suffered in the second year of its being stationed there only one-half the sickness and mortality which it suffered during the first year, and hardly suffered at all in the third year." P. 446.

Dr. Watson then speaks of the generally injurious effects of malaria, besides the violent and distinct forms of fever it produces in new comers, and gives the following testimony in respect to the exemption of negroes:—

" One remarkable exception is mentioned by Dr. Ferguson. From some peculiarity or idiosyncrasy (which he conjectures may be somehow connected with the texture of the skin) the negro appears to be proof against endemic fevers. To him marsh miasmata are in fact no poison, and hence his incalculable value as a soldier, for field service, in the West Indies. The warm, moist, low and leeward situations where these pernicious exhalations are generated and concentrated, prove to *him* congenial. He delights in them, for there he enjoys life and health, as much as his feelings are abhorrent to the currents of wind that sweep the mountain-tops, where alone the whites find security against endemic fevers."

There is doubtless much truth in the remarks of Dr. Ferguson, but his assertions are altogether too strong for our temperate region. Malaria is certainly a *poison* to the negro as well as the white, but it is less deleterious to the former, and he more readily becomes seasoned to it.

It would seem that those types of idiopathic fever which, according to Dr. Campbell's plausible theory, depend chiefly on disorder of the *cerebrospinal system of the nerves*, as all the well-marked *paroxysmal* fevers are more subject to recurrence and require a longer period of acclimation than those of the *continued types*, as yellow typhoid, typhus and the eruptive fevers, measles, scarlatina, variola, vericella, etc. Quotations on this subject might readily be multiplied to any extent, but, perhaps, to little purpose. The testimony would be found to be very conflicting, and difference in opinion would still remain.

To show that we have not penned these remarks in a spirit of captious criticism, but only for the purpose of eliciting the expression of opinion by others on the subject, we will now give our own views in regard to *acclimation*, published in our first volume of Southern Medical Reports, (1849.) Nearly ten years of additional observation has only served to strengthen the opinions here expressed:—

"In connection, it may be expected of us to say something in regard to what is termed '*acclimation.*' This term is in very common use, and is well understood to mean, *the habituation of a person to a special climate.*

"It is but reasonable to suppose, that man, 'the master-piece of his Creator,' and 'the inheritor of the earth,' was designed to live in every portion of the globe which is supplied by the hand of nature with the means of subsistence, or accessible to commerce and the arts. Yet, so great is the difference of soil, climate and attendant circumstances, in the various regions between the tropics and the poles, that no race of animals is capable, at once, of enjoying equal health in them all. There is required a certain adaptation of the constitution to each, which can only be attained through the gradual changes effected by time and exposure. Independent of the peculiarities of climate, soil, water, etc., to be found in the different regions, it is presumable that there exist in the atmosphere over certain localities, deleterious gasses, effluvia, or emanations from the earth, which exert their most powerful effects upon the living system when it is first exposed to their influence; but to which the system may become gradually inured in the process of time. To become accustomed to these peculiarities of soil, climate and noxious effluvia, is what we term being *seasoned* or *acclimated*; and it is wonderful to witness the capabilities of the human system in this respect. There are but few individuals who can make a change of residence with perfect impunity. With the great majority of-people, it is done at the peril of their lives; but the effects are very different upon different constitutions. Some do not become seasoned until they have suffered the severest form of endemic fever belonging to the climate and locality; others become gradually and thoroughly acclimated without even suffering an open or severe attack. There are persons who have resided in New Orleans twenty years without even having had yellow fever, whilst others have had it two or three times. Strong attacks of the severest forms of our remittent, bilious and yellow fever seem to cause a modification of the system, which secures to the individual a greater or less immunity from subsequent attacks. Attacks of the milder forms, as ordinary intermittents, effect no such immunity; but, on the contrary, when frequent, lead to permanent engorgement of the spleen, and cause an increased liability to the complaint. The term acclimation is just as familiar to the inhabitants of all the southern portion of the Mississippi valley, as it is to the citizens of New Orleans, and is used to express the same idea, viz: that persons coming from a northern climate and settling there are very liable to have attacks of fever during the first two or three years, but afterward become quite exempt. This fact is so well known as to cause a considerable difference in the valuation of negroes, and even horses and cattle. An acclimated negro, horse, or milch cow, commands a higher price than an unacclimated one. We shall not, at this time, attempt to explain the nature of the change effected by the acclimation, nor the manner in which it is brought about; but it is a fact confirmed by long experience and common observation.

"Believing, as we do, that yellow fever is only one of the forms or types of endemic, malarious fever, witnessed almost annually in this city, and less frequently at many other places in the South, we may state the fact, that those who have suffered *severe* attacks of it, or even *mild* attacks, during severe epidemic seasons, certainly remain quite secure from subsequent attacks; especially if they continue to dwell in the same locality. But that they are equally as secure as those who have had small-pox, measles or hooping-cough, as is maintained by some physicians, we cannot for a moment admit. Our own observation, if we have seen aright, is at variance with this position. It is a common remark among persons who thought themselves acclimated, when attacked by fever again, during a sickly season, to say, that 'if they were not certain of having once had yellow fever, they would think they had it again.' The truth is, *they did have it again;** and if, by neglect or malpractice, the disease had run on to a dangerous stage, or to death, all doubt would have been removed. But, fortunately, the partial acclimation attained so fortifies the system against the malign influence of the morbific couse, that the tendency to death is not near so strong as in unacclimated subjects; therefore, most generally, they are easily relieved, and come to the conclusion they have not had yellow fever a second time.

"It is a common belief, both in the profession and out of it, that the creoles, or natives of New Orleans, do not have yellow fever at all; but in our accounts of the epidemics of 1847 and 1848, we have given the testimony of some of the most respectable physicians to the contrary.†

"From the foregoing remarks it follows, then—

"1. That persons coming from more northern latitudes to this, have to undergo an acclimation or seasoning, before they become secure in the enjoyment of good health.

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*Dr. Harrison says he had known persons to have yellow fever two or three times, but he never knew such cases to terminate fatally.

†New Orleans Medical and Surgical Journal, 1848 and 1849.

"2. That this acclimation may be attained without sickness; but that, most generally, it requires the endurance of one or more spells of the customary endemic fevers.

"3. That an attack of the endemic yellow fever effects greater security against subsequent attacks, than any form of fever seen in the country; but the remark is applicable, in some degree, to all of them, excepting the ordinary mild intermittents.

"4. That persons may have yellow fever more than once, though it is evident that those who have had one plain attack, usually have little or nothing to dread from subsequent attacks.

"5. That creoles, or natives of New Orleans, may have yellow fever—though generally they have it in a very mild form.

"So much for our present views of acclimation. The subject is full of interest, and we shall probably recur to it, from year to year, as our experience is enlarged." *N. O. Med. News and Hospital Gazette.*

PHYSIOLOGICAL RESEARCHES OF DR. BROWN-SEQUARD.

BY E. R. PEASLEE, A. M., M. D.

The readers of the Monthly have already had their attention called to some of the researches of Dr. Brown-Sequard, and the conclusions he has based upon them; but, so far as are aware, no complete abstract of them has yet appeared in the English languge. Such an abstract is therefore here attempted.

Of course, entire justice cannot be done to this most distinguised of experimental physiologists, by a mere resume; but the great interest and practical value of his labors demand this, at least, for the benefit of our readers, and the profession generally. We shall therefore confine ourselves mainly to the results of his researches, and their practical applications to the omission of most of the experimental details. We derive the materiels for the following abstract mainly from a notice of his works, published by Dr. Brown-Sequard, two years since; and shall, at another time, call attention to his more recent investigations.

I.—*Dr. Brown-Sequard's Experiments on the Nervous System.*

1 THE SPINAL MARROW, (INCLUDING THE MEDULLA OBLONGATA,) AND ITS NERVES.

I.—A *division of one lateral half of the Spinal Marrow*, opposite the last dorsal or first lumbar vertebræ, is found to produce the following singular changes of nutrition. (1.) The cornea, on the side operated upon, quite frequently becomes ulcerated; and in other cases becomes opake to a greater or less extent. These alterations, however, usually disappear rapidly and spontaneously. (2.) The supra-renal glands become congested after the section: and at the end of several months, they are found hypertrophied, sometimes to two or three times their natural size. (3.) The posterior extremity, on the side of the section, manifest phenomena like those in the face, which follow the section of the great sympathetic nerve in the neck, viz., dilatation of the vessels, elevation of temperature, increased muscular irritability, and a lengthened duration of it, and of the excitability of the motor nerves after death; and a later appearance and a longer continuance of the cadaveric rigidity, and a later development and slower progress of the putrefactive process. These last phenomena show that the nerves of the blood vessels of the extremity are continous into the spinal cord, and have been divided in the section.

II.—The effects on the intensity of the *reflex* (diastaltic) function of the cord by a *transverse section* entirely through it, are very remarkable. The following occurred in a frog, whose spinal cord was divided on a level with the 3d pair of nerves; the voluntary strength of the posterior extremities being sufficient to raise 900 grains one twelfth of an inch.

(1.) Immediately after the section the motor force is sometimes null; but generally is reduced to one fourth or one third its normal amount. It never remains unchanged. (2.) Five minutes after the operation the motor force is from one third to three fourths its normal amount; in 15 minutes, from one half to even its original amount; and in 20 to 25 minutes it is generally the same as before the operation. (3.) In an hour the force is sometimes doubled, but generally not increased to this extent; in 2 or 3 hours it is doubled, and sometimes tripled; and in 24 hours arrives at its maximum, though it augments very slowly after the first 3 hours. (4.) It remains almost stationary, after attaining the maximum, for 6, 10, 15, or 20 days, and then gradually decreases, so as to be reduced, if the frog lives 6 or 8 months, to one-half or one-third its original amount.

But by powerfully exciting the reflex action many times, in an animal whose spinal cord has been transversely divided behind the brachial enlargement, the reflex functions may be made to disappear almost entirely; though the power is again nearly restored by perfect repose, in 15 to 20 minutes.

A transverse section *of all the white substance* of the spinal cord in the cervical region, does not destroy the sensory communication between the encephalon and the various parts of the body; the gray central substance still conducting sensory impressions. This, Dr. B.-S. believes, proves that all the sensory fibres in the nerve-trunks are not continuous into the encephalon. But he maintains that each sensitive fibre, which really does ascend from the cord to the encephalon, represents several fibres from the sensitive surfaces or parts; being continuous with them, through the medium of cells or otherwise.

III.—Dr. B.-Sequard concludes, from his experiments, that the fibres of the posterior or sensitive roots of the spinal nerves divide, on entering the cord, into two series, *ascending and descending*. The *ascending* pass towards the encephalon, (1) after penetrating the posterior columns, or (2) in the interior of the posterior gray cornua, or (3) after entering the lateral columns; and soon plunge into the central portion of the gray matter of the cord. The *descending* fibres pass through the same parts in the opposite direction, and also terminate in the central gray matter. The sensory impressions brought thus to the gray matter are transmitted either *by* or *through* the latter to the encephalon. There is a third class of fibres in the posterior roots of the spinal nerves—the *transverse*. These are probably *not sensative* fibres.

Thus Dr. B.-S. holds that sensory impressions are at first transmitted, some upwards and some downwords; but all reach the central gray matter, which in its turn transmits them to the encephalon.

[It is very generally taken for granted that the gray matter of the cord consists of mere cells and blood vessels, without an admixture of nerve fibres. It, however, really has one half or more of its bulk made up of nerve fibres. These also are mere continuations of the fibres in the sensory roots, penetrating to the central gray matter, as Dr. B.-S. has demonstrated. These *fibres* therefore in the gray matter, and not the latter merely as gray (or cellular) matter, conduct the sensory impressions to the encephalon; they being also continuous to the latter, as is explained in my work on Histology, p. 457–9. E. R. P.]

Dr. Brown-Sequard has also shown that sensory impressions are transmitted principally *across* the spinal marrow, i. e., from the sensory nerves on one side, through the opposite half of the cord to the encephalon. After transversely dividing one half of the cord, he found that the posterior extremity of that side is even more sensitive than in the normal state, while the limb on the opposite side is less sensitive than before. Thus we explain the fact, that anæsthesia on one side of the body often results from injuries upon the other, i. e., of the opposite half of the nervous centre: and whether the lesion be in the cord or the encephalon, the result is the same. Dr. Brown-Sequard concludes that most, if not all sensory impressions are conducted across to the opposite side of the cord, and that the crossing is generally effected immediately on entering the cord; while in a few instances it occurs above the point of entrance of the nerve fibres, and in a few also below this point.

[The crossed direction of the nerve fibres entering the cord, thus inferred by Dr. B.-Sequard, has also been rendered probable by the observations of Kolliker, as shown in the work on Human Histology, (p. 456,) above referred to.]

While, however, the loss of sensation consequent on a lesion of one half of the nervous centre *always* occurs on the *opposite* side of the body, wherever the lesion may be—a loss of voluntary *motion* produced by such a lesion may be on the opposite or the same side, or on both sides, according to the precise seat of the lesion. Dr. B.-Sequard has shown that if the lesion is seated anywhere above the lower part of the medulla oblongata, the loss of motion as well as sensation occurs on the opposite side; while if it implicates the medulla oblongate at the decussation of the anterior pyramids, the loss of motion will effect both sides, and that of sensation the opposite side only; and if below the medulla, (i. e.. in the spinal marrow,) the loss of motion occurs on the same side, and that of sensation on the opposite. [These facts are at once seen to be of the utmost importance in diagnosis.]

In regard to the *different degrees of sensibility* in different portions of the sensory nerve fibres, Dr. B.-S. finds the highest sensibility just where these fibres enter the cord in the posterior roots; the next lower degree in the papillæ of the skin; next, in the posterior roots themselves; and last, in a trunk uniting all the fibres, from a certain surface of the skin. On the other hand, the same fibres manifest no sensibility at all after entering the gray central substance of the cord. He finds that the trifacial nerve loses its sensibility after passing a very short distance into the encephalon, and that sensitive fibres (in the rabbit) lose their sensibility while passing through a spinal ganglion, and recover it on emerging again therefrom. This fact, he thinks, demonstrates that the "power of transmitting sensitive impression may exist in a part which has not the power to receive them." [We suggest that the term *impressibility* may be more accurate than *sensibility* in the preceding statements; and that the different structural relations of the nerve fidres in different parts of their course may explain the facts just related.]

Dr. B.-Sequard has shown, that the direct exposure of the spinal cord to the air is, in all the mammiferæ usually experimented on entirely without danger. Facts also warrant the same conclusion in respect to man. He therefore proposes to trephine over the cord for the removal of spicula of bone or depressed portions, in all cases (as of fracture of the vertebræ) requiring this operation. He also found that when he removed the posterior arches of several of the vertebræ, (in several species of animals,) they were reproduced, the new portions being generally wider than those removed, and often adhering together. They generally left the spinal canal of the normal diameter.

IV.—In regard to the *regeneration* of the nervous tissues, M. Flourens has demonstrated, that wounds of both the encephalon and the spinal cord may cicatrize. Dr. B.-S. has demonstrated that the voluntary motions, and sensations, may return after a complete transverse section of the spinal cord. He has also seen a case of complete return of voluntary movement, and of sensibility, after the division of the sciatic nerve. A microscopic examination with M. Lebert, demonstrated that the nerve fibres had re-united.

V.—In regard to the functions of the *medulla oblongata*, Dr. Brown-Sebuard has arrived at the following conclusions:

I.—*Its influence on the nutritive functions.* M. Flourens found that the removal of even a small part of the medulla oblongata in the higher vertebrata, at their ordinary temperature, immediately produces death. Dr. Brown-Sequard's experiments have led him to the following results: (1.) In autumn and winter, frogs will live several weeks after the removal of the medulla only, or of this and the rest of the encephalon—of the portions of the latter in front of the medulla—or of the whole encephalon, together with the portion of the spinal marrow which is in front of the roots of the 2d pair of nerves. (2.) Frogs may live one or two weeks during the cold season with one half, or even one quarter of the spinal marrow; all the rest of the cerebro-spinal centre being destroyed. They also manifest most of their erganic functions. (3.) The spinal cord seems more useful, in relation to the organic functions, than the medulla oblongata and the rest of the eneephalon. A portion of the former (that which gives rise to the 2d and 3d pair of nerves) contains less gray matter than the medulla, but nevertheless maintains life as long, or even longer. (4.) All parts of the cerebro-spinal centre, except the lobes of the cerebrum, seem subservient to the organic functions. And whatever part is removed, life ceases within from a few days to five weeks; while whatever part is left alone, life continues at least three days, ane generally longer.

The maximum duration of life, aftea the entire removal of the medulla oblongata, varies with the species, as the following table will show:

FISHES.	Eels	lived	6 hours.
	Carp, Tench. &c.,		3 ‘,
	Perch, &c.,		25 to 40 “
AMPHIBIA.	Salamanders,		more than 4 months.
	Frogs,		
	Toads,		4 to 5 weeks.

REPTILES.	Tortoise,	9 to 10 days.
	Lizards,	4 to 6 "
BIRDS.	Sparrow-hawk, Magpie, Sparrow,	just hatched, 17 to 21 minutes.
	Linnet, Pigeon, Hen, Duck. &c.,	1 to 2 "
MAMMALS.	Hedgehog, (while hibernating)	23 hours.
	Puppies and Kittens, (new born)	46 to 41 minutes.
	Hedgehog, (in summer)	4 "
	Dogs, Cats, Babbits, Guinea Pigs.	3 to $\frac{3}{4}$ "

From the preceding it appears that after the removal of the medulla oblongata, the duration of life is estimated in frogs and salamanders by *months;* in some reptiles by *weeks;* in other reptiles and in fishes, by *days;* in certain animals, while hibernating, by *hours;* and in birds and mammals, by *minutes* merely.

In frogs, deprived of the medulla oblongata, Dr. Brown-Sequard finds, 1st, that the circulation of the blood continues apparently as before, except that the contractions of the heart become more frequent during the first half hour after the experiment. This demonstrates that the cardiac contractions do not depend on the medulla oblongata. 2d, that the contractions of the four lymphatic hearts also continue normal. 3d, that digestion is also not interfered with; so that it does not (in frogs) depend upon the pneumo-gastric nerve. 4th, that the secretion of urine, and the production of epithelium on the skin and mucous membranes still continue normal. 5th, that aeration by the skin, as well as absorption of water or poisonous substances, continues as before. 6th, that the reflex (diastaltic) function of the spinal marrow becomes so much augmented, that frogs, operated upon, move far greater weights than they can overcome by voluntary efforts. Of course, then, the nerves and muscles retain their vital properties. 7th, that the galvanic current in the muscles becomes stronger. 8th, that the vital properties of the cord, the nerves and the muscles are so augmented, instead of being diminished, that on etherizing an animal experimented upon, or on removing the heart, these properties remain longer than in the normal condition. 9th, In all animals, life continues longer the lower the temperature. 10th, It is not the fact, however, that the animal experimented on lives longer at a low temperature, merely because it expends its vital force more slowly; the aggregate of the vital phenomena being the same as at a higher temperature. For the frog lives in winter, when the heart beats thirty-five times per minute, for four months, a period requiring more than six million of beats; while in summer, with forty-five contractions per minute, it lives but six hours, a period including but sixteen thousand two hundred beats, or $\frac{1}{375}$ of the former number. There is, therefore, a far greater exertion of vital force in the former than in the latter case.

On the other hand, respiration by the lungs at once fails on the removal of the medulla oblongata; it having been shown by M, Flourens that a very limited portion of it is the centre of this function. And the reason why life continues so much longer after its removal, at a low temperature, is, that the resistance to asphyxia is thus proportionally increased.

The *auditory nerve*, rising from the medulla oblongata, is regarded by Dr. B-Sequard (with M. Flourens) as in part a *nervous centre*, while the rest is merely the nerve of audition. Puncture of this nerve causes the animal (mammals) to roll upon the longitudinal axis of the body, as long as they live after the injury. In frogs (1) the nerve is exceedingly sensitive; (2) puncture of it produces a remarkable state of hyperæsthesia; (3) the fore-leg of the opposite side is thrown far from the body in the act of extension, (semi-paralized and semi-convulsed; (4) the animal turns or rolls around its longitudinal axis, and generally to the side affected.

Turning and rolling movements are also produced by puncture of the medulla oblongata; and that of one of the halves of the spinal cord, near the medulla, produces turning. The evulsion of the two or three roots of the spinal nerves also produces turning; and that of the facial nerve both turning and rolling. Finally, (1) turning to the *left* may be produced by a lesion in the immediate vicinity of another which causes turning to the *right*. (2) A lesion at first producing rolling, may, after a while, cause turning only. (3) The same lesion may cause rolling on on one side, and turning on the other. (4) In animals which turn or roll, certain muscles (and especially of the neck and neighboring parts) are always in a state of clonic convulsion; and on this state these two motions mainly depend. Thus certain nerve fibres, not subservient to voluntary motion, probably rise in different points of the encephalon, and distributed to the muscles, both of the same and of the opposite side.—*Am. Med. Monthly*.

NEW HAMPSHIRE JOURNAL OF MEDICINE.

MANCHESTER, MAY, 1858.

AMERICAN MEDICAL ASSOCIATION.

ELEVENTH ANNUAL MEETING.

First Day.—The association met in the lecture-room of the Smithsonian Institution, and was called to order at a quarter past eleven o'clock, A. M., by Dr. Condie, of Philadelphia, when the chair was taken by the President, Dr. Paul F. Eve, of Nashville, Tennessee. Vice Presidents Breckinridge of Kentucky, Reese of Ne and Campbell of Georgia, were also on the platform; and at their tables were the efficient Secretaries, Drs. Foster, of Tennessee, and Semmes of Washington.

Rev. Byron Sunderland, D. D., at the invitation of the President, offered an eloquent and appropriate prayer, invoking the blessing of Almighty God upon the Convention.

Dr. Harvey Lindsley, chairman of the committee of arrangements, then delivered an address of welcome.

The Secretary then called the roll by States, as it had been made out up to the commencement of the meeting, and the following number of delegates responded:

Maine 2, New Hampshire 8, Connecticut 18, Vermont 1, Massachusetts 40, Rhode Island 5, New York 73, New Jersey 25, Deleware 4, Maryland 24, District of Columbia 25, Virginia 8, North Carolina 8, South Carolina 10 Georgia 12, Alabama 1, Kentucky 9, Tennessee 7, Indiana 6, Illinois 12, Michigan 3, Iowa 3, Missouri 4, Ohio 14, California 1, American Medical Society of Paris 1, U. S. Navy 2.

Dr. Lindsley, chairman of the committee of arrangements, reported that it had been decided to hold but one business session each day, from 9 A. M., until 3 P. M. He also announced that the President of the United States would be happy to receive, with those members of the association who might call at the Executive Mansion at 8 o'clock in the evening, such ladies as may accompany them.

On motion, the association confirmed the appointment of Dr. J. M. Snyder to fill a vacancy in the committee of arrangements.

On motion, it was decided that a nominating committee of one from each State represented should be raised, the delegation of each State selecting its representative therein. A brief discussion upon the propriety of permitting the army and navy delegations to appoint separate members of the committee was decided by the President in favor of their having the privilege, and the decision was sustained by the association.

There was then a recess of fifteen minutes, during which the different delegations assembled in various parts of the lecture-room to choose their representatives in the committee. After the meeting was again called to order, the Secretary read the list as follows:

Committee of Nomination.—Job Holmes, Maine; George H. Hubbard, New Hampshire; P. Pineo, Vermont; Ebenezer Alden, Massachusetts; Ashbel Woodward, Connecticut; J. Mauran, Rhode Island; H. D. Bulkley, New York; J. P. Colman, New Jersey; Isaac Hays, Pennsylvania; H. F. Askew, Deleware; P. Smith, Maryland; Noble Young, District of Columbia; A. S. Payne, Virginia; W. H. McKee, North Carolina; Wm. T. Wragg, South Carolina; Joseph P. Logan, Georgia; J. T. Hargraves, Alabama; R. J. Breckinridge, Kentucky; J. Berrien Lindsley, Tennessee; Wm. M. McPheeters, Missouri; George Mendenhall, Ohio; Calvin West, Indiana; A. H. Luce, Illinois; Zina Pitcher, Michigan; Thomas O. Edwards, Iowa; O. Harvey, California, and George Clymer, United States Navy.

On motion, Drs. Bohrer, of D. C., Flint, of New York, and Hargraves of Alabama, were appointed by the President a committee on special essays.

Dr. David M. Reese, of New York, presented and read a written apology for having recommended for a position in Blockley Hospital, Philadelphia, Dr. McClintock, who had been expelled from the association for a violation of the ethics and the etiquette of the profession, by publishing a work on " domestic medicine," &c.

On motion of Dr. Condie, of Philadelphia, the apology was accepted, and ordered to be entered upon the minutes.

Dr. Bryan, of Philadelphia, who had also recommended Dr. Mc Clintock, made a verbal adoption of Dr. Reese's apology, the reception of which was warmly debated. Dr. C. C. Cox, of Maryland, opposed and Dr. Condie advocated the reception. Dr. A. B. Palmer, of Michigan, moved the previous question on a motion to refer the subject to a committee, which was lost. The apology of Dr. Bryan was then accepted.

The President then delivered, in a clear voice and with a pleasing oratorical effect, his Annual Address.

On motion, the thanks of the association were voted to the President for his able and instructive address, a copy of which was solicited for publication.

Dr. Grafton Tyler, of Georgetown, D. C., chairman of the comittee on prize essays, reported that the essays received were three in number, each of which had been examined with great care; considering, first, the intrinsic merits of each essay, and then their merits in relation to each other. The first prize was awarded to " an essay on the clinical study of the heart sounds, in health and disease," bearing the motto: "*Clinica clinice demonstrandum.*" The second prize was awarded to "an essay on vision and some of the anomalies as rendered by the opthalmiscope," bearing the motto: "*Dux hominum medicus est.*"

Dr. Tyler then proceeded to open the sealed envelopes bearing the above named mottoes, and containing the names of the writers of the essays. The first was written by Dr. Austin Flint, of Buffalo, New York; and the second by Dr. Montrose A. Pallen, of St. Louis, Missouri. This is the second time Dr. Flint has won this distinguished honor, and the third time that it has been awarded to Buffalo since the association was organized, eleven years ago.

On motion, the report of the committee was accepted and adopted. Drs. Flint and Pallen were then invited to give *resumes* of their essays, which they did.

Dr. Lindsley, from the committee of arrangements, then presented an invitation from Dr. Nichols to visit the Insane Asylum, and another from Rev. Mr. McGuire to visit Georgetown College.

On motion of Dr. Hamilton, of New York, these invitations were accepted, and the thanks of the sssociation were returned therefor.

On motion of Dr. Lindsley, the Hon. Doctors Fitch, of Indiana, Chaffee, of Massachusetts, Clawson and Robbins, of New Jersey, and Shaw, of North Carolina, members of Congress, and Dr. Peter Parker, ex-commissioner to China, were elected "members by invitation," and requested to participate in the proceedings of the association.

On motion, Assistant Surgeon Frederick A. Rose, of the British Navy, who so nobly volunteered his services on board the United States ship Susquehanna at Port Royal, and who came in her to New York, devoting himself to the sick crew, was unanimously elected a "member by invitation," and invited to take a seat on the platform. It was announced that Dr. Rose had left the city.

Dr. Francis G. Smith, of Philadelphia, chairman of the committee on publication, made his report, showing the expense of publishing the annual volume.

Dr. Caspar Wistar, of Philadelphia, presented his annual report of receipts and expenditures, showing a balance on hand of $806. Accompanying the Treasurer's report was a resolution providing that the back volumes on hand, when over two years old, shall be sold at two dollars a volume, and that volumes V, VII, VIII, and IX, of which there are a surplus, be sold at $5 a set to any member.

The special committee on medical education, of which Dr. G. W. Norris, of Philadelphia, is chairman, were called upon to report. There was no response, and, on motion, the subject was referred to the committee on nominations.

Dr. A. B. Palmer, chairman of the committee on medical literature, asked leave to defer his report until Wednesday, at 10 o'clock, which was granted.

A report was made by the committee on nominations; which was accepted; and the association then elected the following

OFFICERS:

President, Dr. HARVEY LINDSLEY, of Washington city. *Vice Presidents*, Drs. W. L. SUTTON, of Kentucky; THOMAS O. EDWARDS, of Iowa; JOSIAH CROSBY, of New Hampshire; and W. C. WARREN, of North Carolina. *Secretary*, Dr. A. J. SEMMES, of Washington city. *Treasurer*, CASPAR WISTAR, of Philadelphia.

On motion, Drs. Flint, of New York, Gross, of Pennsylvania, and Gibbes, of South Carolina, were appointed a committee to conduct the President elect to the chair.

Dr. Lindsley, having been introduced to the association by the retiring President, Dr. Eve, made a few pertinent remarks, acknowledging the honor as the highest he had ever been called upon to receive, and the highest that any medical man in America can receive. Unaccustomed to preside over so large a body, and having had but little practice in presiding over smaller assemblages, he must throw himself upon the forbearance of the association and look to the members for support in the discharge of his official duties.

On motion, the thanks of the association were voted to the retiring officers for the able and impartial manner in which they have discharged the duties of their respective offices.

On motion, the ex-Presidents of the association present were invited to take seats on the platform.

The committee on medical topography and epidemics was called by States. A paper from the member from Maine stated that he will report next year. There was no response from New Hamp shire, Vermont, Rhode Island, Connecticut or Massachusetts. Dr. Smith of New Jersey, read an able report on New Jersey, and the association then adjourned until this morning at 9 o'clock.

Second Day. The association was called to order by the President, Dr. Harvey Lindsley, and the Secretary read the minutes of the first day's proceedings, which were adopted.

On motion of Dr. Watson, of New York, Dr. Delafield, of New York, one of the first officers of the association, was invited to take a seat on the platform.

On motion of Dr. Atkinson, of Virginia, an amendment to the constitution was received, providing that no person shall be recognized as a member or admitted as a delegate at meetings of the association who has been expelled from any State or local medical association until relieved by action of such State or local association.

Dr. Atkinson supported the adoption of this amendment in an eloquent speech, contending that the admission of any gentleman who has been rebuked by any State or local association, and is under its ban, is a rebuke to that association. He urged the acceptance of the amendment, and trusted that until the constitution be so amended it shall be the rule of action.

Dr. Bond, of Maryland, asked to have the qualifications requisite for a seat read. He desired information as to the ethical qualifications for membership.

Dr. Watson, of New York, stated that, as by the constitution it was necessary to have amendments lie over one year, this was not a question for present debate.

The President decided that debate was not in order, and the amendment was accordingly laid on the table for consideration at the next annual meeting.

Dr. Boyle, of the committee of arrangements, proposed the names of Doctors Huff and Knight, who were elected "members by invitation."

Dr. A. B. Palmer, of Michigan, chairman of the committee on medical literature, made an able and interesting report.

On motion, the report was accepted, and ordered to be published.

On motion, Dr. Bozman, of Alabama, was elected a "member by invitation."

REPORT ON MEDICAL EDUCATION.

Dr. James R. Wood, chairman of a special committee on medical education, made a lengthy report, discussing: 1st, primary medical schools; 2d, the number of professorships in medical colleges; 3d, the length and number of terms during the year; 4th, the requisite qualifications for graduation; 5th, such other subjects of a general character as to give uniformity to our medical system. Having reviewed these propositions at length, the committee have arrived at the following conclusions:

First. Primary medical schools should be encouraged; but, as office instruction will continue to be sought by students, practitioners should either give them necessary advantages of demonstrations, illustrations, and recitations, or if not prepared to do so, they should refer them to such primary schools, or medical men, as will give them proper instruction.

Second. The number of professorships should not be less than seven, viz.: a Professor of Anatomy and Microscopy, Physiology and Pathology, Chemistry, Surgery, Practical Medicine, Obstetrics, and Materia Medica.

Third. There should be but one term annually, which should commence about the 1st of October, and close with the March following, thus lengthening the term to six months. The commencement of the term, in October, should be uniform in all the colleges throughout the country. During the session there should never be more than four lectures given daily.

Fourth. The qualifications for graduation, in addition to those now required by the schools, should be a liberal primary education, and attendance upon a course of clinical instruction in a regularly-organized hospital.

In order to give our medical colleges an opportunity to consider the recommendations here advanced, and that this body may have the advantage of their wisdom and their mature views, before any definite action is taken upon them, your committee submit to the association the following resolutions:

Resolved, That the several medical colleges of the United States be requested to send delegates to a convention to be held at on the day of for the purpose of devising a uniform system of medical education.

Resolved, That the present report of the special committee on medical education be referred to such convention for its consideration.

Resolved, That said convention of delegates from the several colleges of the United States be requested to submit to the meeting of this association in May 1859, the result of their deliberations.

On motion, the report was accepted and referred to the committee on publication, the accompanying resolution being laid on the table.

The committee on nominations reported Louisville, Ky., as the place of meeting in 1859, and nominated Dr. S. M. Bemis, of that city, as second Secretary. They also nominated the following standing committees:

Committee on Publication—Dr. F. Gurney Smith, Pa., chairman; Drs. Caspar Wistar, Pa., A. J. Semmes, D. C., S. M. Bemis, Ky., S. L. Hollingsworth, Pa., S. Lewis, Pa., H. F. Askew, Del.

Committee on Medical Literature—Dr. John Watson, N. Y., chairman; Drs. L. A. Smith, N. J., C. G. Comegys, Ohio, R. W. Gibbs, S. C., W. M. McPheeters, Mo.

Committee on Prize Essays—Dr. J. B. Flint, Ky., chairman; Drs. M. Goldsmith. N. J., H. Miller, Ky., Calvin West, Ind.

Committee on Medical Education—Dr. G. W. Norris, Pa., chairman; Drs. A. H. Luce, Ill., E. Henderson, S. C., G. R. Grant, Tenn., T. S. Powell, Ga.

Committee of Arrangements—R. J. Breckinridge, Ky., chairman; Drs. G. W. Ronald, B. M. Wible, D. W. Goodall, D. D. Thompson, N. B. Marihall, G. W. Burglass, R. C. Hewett, and A. B. Cook, all of Kentucky.

The report was accepted, the nominations were confirmed, and the committee received permission to sit again.

On motion of Dr. Hamilton, of Buffalo, the resolutions attached to the report of the committee on medical education were taken from the table.

Dr. Watson moved the appointment of a committee to consider the resolutions and report to-morrow morning.

Dr. Bond thought that the subject had already been sufficiently discussed. It had been brought up year after year, occupying much of the time of the association, and he trusted that it would receive immediate consideration.

Dr. Davis, of Illinois, wished to have the subject made a special order for some time prior to the adjournment of the convention.

Dr. Rogers, of New York, wished to have the report printed, that all might have an opportunity of examining it and the propositions which it embodies.

Dr. Wood defined his report as a conservative report, just alike to the profession and to the laymen. He did not believe that any good could arise from a further discussion of the subject. None has arisen in years past—none could arise now. It was a bill of conciliation and of adjustment. Laymen of the profession merited censure for sending men to college not qualified for the profession, and colleges merited censure for sending men out not qualified to practice the healing art. He approved of the motion of Dr. Watson, that the report be submitted to a committee of delegates from colleges.

A debate on a call for the previous question on Dr. Watson's resolution then ensued, in which several gentlemen joined, each one apparently having a different idea of "parliamentary law," and neither of them displaying a very correct knowledge of the subject. It was remarked by an old member of the association that "parliamentary discussion must be a *local epidemic*."

The report was finally referred to a select committee, to be composed of one member from each delegation representing a medical college or school.

On motion, thanks were voted to the late secretary, Dr. Foster, and his successor, Dr. Bemis, took his seat.

Dr. Hamm, of Pennsylvania, moved a suspension of the rules for the purpose of reconsidering the resolution of Dr. Condie, accepting the apology tendered by Dr. Bryan. The vote upon suspending the rules stood—ayes 111, noes 82. The President ruled that a two-thirds vote was necessary, and decided the question as lost.

An appeal was taken from the decision of the chair, and the decision was not sustained. A vote was then taken, and the resolution accepting the apology of Dr. Bryan was reconsidered by a vote of—yeas 142, nays 70.

An attempt was then made to connect the resolution with that accepting the apology of Dr. Reese, but it was decided that it would first, be necessary to dispose of the resolution reconsidered, and it was laid on the table.

A member from New Jersey hoped that the McClintock case would be brought fairly and squarely before the association, and that gentlemen would be made to "face the music." It was useless to cloak it, or attempt to dodge the responsibility.

Dr. Beck, of Indiana, moved an indefinite postponement of the whole subject.

Other gentlemen rose to speak, but the President decided that a motion to postpone was not debatable.

Dr. Jewell rose to a point of order, and protested against being 'gagged." [The President here reversed his decision.] Dr. Jewell said that the action of the day previous was regretted, and that gentlemen had acted hastily. Many, who voted at first sight to accept the apologies, now regretted having done so.

Dr. Hamm, of Philadelphia, explained the action of the Philadelphia County Medical Society, and began to read a remonstrance from it, which he desired to incorporate into his speech.

Dr. Biddle objected to the reading of this remonstrance, as a violation of plighted faith.

It was here moved and decided that the association go into "committee of the whole," and Dr. Edwards, of Ohio, was called to the chair.

A member hoped that there would be no rules of order except what the chair would prescribe.

The Chair. "I will prescribe enough."

Another member inquired if it would be proper to discuss the remonstrance? *The Chair.* "A gentleman who has the floor can discuss anything on the face of the earth."

The remonstrance was then read. It was a long document, giving a detailed account of the recommendation by Dr. Reese of Dr. McClintock for a position in Blockley Hospital, after the last-named gentleman had been guilty of selling quack nostrums, and had thus committed an offence against the ethics of the profession.

Dr. Humphries, of Indiana, moved that each member of the committee of the whole be restricted to five minutes, allowing Dr. Reese whatever time he wished to defend himself in.

Dr. Phelps showed that a ten-minutes rule was now in force. Dr. Cox moved, as an amendment, to make the time fifteen minutes; which amendment was lost, and the original motion of Dr. Humphries was then carried.

Dr. Reese then ascended the platform, and made a statement of his position from the commencement of the controversy. He considered his apology of the day previous a satisfactory one, but was willing to make it more so if it was objected to. He had not brought the subject before the association; but had been given to understand that if he made the apology which he had made, the remonstrance would not be offered. During his remarks there was a demand for the reading of the apology; which was read, as follows:

To the Officers and Members of the American Medical Associa-

tion : The undersigned, one of the Vice Presidents of the American Medical Association, having, during the interval since our last annual meeting, certified to the professional fitness for the charge of the Blockley Hospital, at Philadelphia, of an individual who had been expelled from this body for a violation of our code of ethics, after consultation with the other officers, and yielding to the advice of other personal friends, desires to say to the association now assembled—

1st. That, in giving said certificate, he was prompted solely by motives of sympathy and humanity to a fallen brother, who had been a personal friend prior to his offence ; and that he did not realize, acting under the impulse of the moment, that his individual act could be construed by the profession as indicating hostility to his brethren.

2d. That while his own mind is clear that the certificate contained only the truth, and that, under his peculiar relations to the party concerned, he could not withhold his certificate, of medical qualification, consistent with conscience and duty, yet he is ready to concede that he had no abstract right to relieve the party from the censure of the association until this body had restored him to his fellowship.

3d. That, so far from intending any disrespect to the association or to its act of discipline, the undersigned had publicly sustained and defended both. He therefore disclaims the inference from his certificate that he intended to recommend to a high professional office a man whom the association had excluded, and thereby nullify the action of this body.

And, finally, with these statements and disclaimers, the undersigned, while retaining his own opinion of the rectitude of his motives, and of his duty, under the peculiar circumstances of the case, is nevertheless prepared to defer to the judgment of those whom he knows to be his friends, that he erred in doing what he had no right to do, in view of his official position in the association, and is hence called upon to offer this explanation and apology to his brethren.

(Signed) DAVID M. REESE.

It was moved to refer the apology and remarks of Dr. Reese to a special committee of seven, to report to-morrow morning. Dr. Atlee, of Lancaster, and other gentlemen urged delay.

Dr. Payne, of Virginia, asked permission to relate an anecdote. He was reminded of two old Quakers, one of whom kept a store, while the other practised law—both were members of a temperance society, and it was generally thought that the lawyer did not always keep his pledge. One wet, cold day, a negro man went to the Quaker's store, and the good man gave him a drink of brandy. This was brought to the notice of the temperance society, and it was decided that the offender should be severly reprimanded. The lawyer was selected to carry out this sentence, and, taking the storekeeper into the woods, he thus addressed him: "Jeemes, thee should be more circumspect!"

Dr. Condie, of Philadelphia, wished to say that he had offered the resolution in good faith, but he denied that he had made propositions to the gentleman from New York, or that the Philadelphia committee had.

Dr. Bowling. of Tennessee, said that there was no question of veracity. Gentlemen on either side were correct. He had heard of misunderstanding, and of probable difficulty, and had earnestly endeavored to arrange it. He had told Dr. Reese that if he made an apology the remonstrance wolud not be presented, because he had understood gentlemen from Pensylvania to say so. But he was now aware that these gentlemen did not in any way pledge the Philadelphia county medical society.

Dr. Condie hoped that a committee would be appointed to give the subject a careful consideration.

Dr. Cox, of Maryland, after complimenting Dr. Reese as an able practitioner and an experienced editor, whose labors have been of great value to the profession and to the country, said that he did not consider the statement full and satisfactory. The offence was not an unpardonable one, but the violation of that code of ethics which is the life of the profession should be properly atoned for. The apology was good enough, but it carried as its sting the mental reservation which Dr. Reese persists in. Nay, in his journal, issued simultaneously with this meeting, and circulated here, he says: "Having done right in certifying to the labors of our quondam friend Mc Clintock, we resented the unmerited censures of our Philadelphia brethren." This completely stultifys the effect of the apology.

Dr. La Roche, of Philadelphia, explained his action and that of the Philadelphia county society in the matter.

Dr. Paine, of Virginia, Dr. Cox, and Dr. Bond made some rather sharp remarks. Dr. Davis, of Massachusetts, thought that Dr. Reese had but to admit that he had done wrong, and ask pardon without any mental reservation.

Dr. Reese said that he had intended to make a satisfactory apol gy. Such was his earnest wish and desire, and he wished to frank-ly state that he had no mental reservation, neither did he attempt to conceal anything. He made the statement that had been read without reservation and without evasion.

Dr. Conte expressed his entire satisfaction, as did numerous other gentlemen, several crossing to where Dr. Reese was sitting and shaking hands with him.

The committee of the whole then rose, and the chairman reported to the President that the committee had heard and discussed the apology of Dr. Reese, and that they considered that it was "ample, full, complete, and satisfactory."

On motion, the report of the committee was received and adopted.

The case of Dr. Bryan then came up, when it was suggested that his apology should be in writing, he expressed a willingness to make one as ample as was that of Dr. Reese.

Dr. Reese then drafted an apology, but several gentlemen insisted that he should insert the word "regret." Dr. Reese declined, saying that no gentleman would apologize for that which he did not regret, and that he would never be dictated to by any gentleman, even if the prison door stood open on his right hand, and the stake at his left.

Dr. Geo. B. Wood (who was greeted with loud applause) stated that had been with the side which had offered the apology, but he did not consider the apology complete without the insertion of the word "regret."

Drs. Bonner, Clark, of New Jersey, Hard, of Illinois, Parker, of New York, and other gentlemen participated in an exciting debate on the necessity of having the word "regret" inserted..

Dr. Reese added the following sentence: "and regrets that he has incurred the displeasure of his brethren." This was not favorably received.

At length he presented the following:

"The undersigned regrets that he certified to the professional qualifications for Blockley Hospital, Philadelphia, of an expelled member of this body, and hereby offers this apology for his departure from the ethical code."

This was received with loud applause, and, on motion of Dr. White, accepted as an ample and satisfactory apology.

Dr. Bryan submitted a similar apology, which was also accepted, and the association adjourned, evidently well pleased that this question was finally disposed of.

Third Day.—The President, Dr. Lindsley, called the association to order at half past nine o'clock. The Secretary not having his minutes in readiness, the reading of the minutes of the day previous was dispensed with.

Dr. Grant, of New York, asked leave to present a complaint against the New York Medical College, but upon information by Dr. Edwards that a committee on ethics would be recommended by the nominating committee, he withdrew his request.

The minutes were then read. Several proposals to amend them were made, and either ruled out of order or withdrawn.

The appointment during last year of Dr. Geo. Haywood, of Boston, as a delegate to represent the American Medical Association in kindred societies in Europe, was announced by Dr. Eve.

We are obliged to defer till next month the remainder of the proceedings of the American Medical Association, as well as many other matters prepared for this number.

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15, 1858.

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PARAPLEGIA OF MANY YEARS.—COMPLETE RECOVERY.

BY J. B. BROWN, M. D.

A young lady nineteen years old, was placed under my care for treatment, January 25th, 1854, with the above affection. The history of the case as received from herself and her mother who accompanied her, was as follows, viz :

In April 1849, her mouth became very sore; knew no cause—sick all summer, and very feeble—had no appetita, and could not walk without aid. The fall of same year lost her sight and hearing. Had pain in her back during the summer—has not sat up or walked since, now over four years—catamenia regular—used to have great pain in head. It was blistered many times ; *i. e.* small blisters on the temples and forehead.

There is now a total loss of the use of the lower limbs—can use the hands and arms—cannot raise herself in bed, or sit up when raised—appetite pretty good usually—skin pale and the countenance has a slight œdematous look, not much emaciated. She lives one hundred and twenty-five miles from Boston; and three miles from the railroad. She was brought these three miles on an ox sled, on a bed, one of those cold days in January, 1854, when the thermometer was below zero—she had fixed on this day to come to Boston and was determined the weather should not prevent.

Present symptoms as exhibited on my first examination. The toes on the right foot are permanently flexed, and painful—the extensor longus digitorum pedis, and the extensor proprius policis pedis, when she makes an effort to raise the foot, exhibit a slight quivering—this is the only demonstration of the power of volition over muscles in any part of the limb—both knees are contracted to an angle of thirty degrees, beyond which she has no power of extending them—the gastrocnemii are permanently contracted, and the feet very much extended, making almost a continuous line with the legs.

The nervous system is easily agitated, still her mind is firm and decided—directed Ferri et Quinia Citratis.

Feb. 31. Placed her right knee in a stretcher, such as I usually make use of and applied a blister 5 by 12 in., to the lower part of the back—the bowels were extremely constipated—went frequently a week without a dejection—gave the following formula :

℞ Pulv. Aloes Soco., ʒii ;
Aqua, ℥vi ;
Tinct. Lavend, ℥ii ; M.

Two tea spoonfuls operated favorably—she continued the medicine untill the bowels became regular.

Feb. 7th. Placed left knee in a stretcher similar to the other and administered electro-magnetism.

Feb. 18th. Have continued same treatment.

March 7th. She now informs me for the first time that she has been troubled with incontinence of urine for several years—I gave her Tinct. Cantharid, which produced scalding and I discontinued it and substituted injections per vaginam which gave her partial relief—she rides about the room in a wheeled chair—continued same treatment and gave strychnine $\frac{1}{32}$ of a grain morning, noon and night.

March 27th. Patients health has improved, but does not recover the use of her limbs—the toes of the right foot are permanently flexed—this day I divided the flexors of them all—also the tendon of Achillis in both feet, which were strongly contracted--this was done while she was under the influence of ether.

April 9th. The toes were seperately bandaged to a piece of sole leather cut in shape and size to the sole of the foot, slits having been cut through the leather corresponding to the position of the toes—this was continued forty-eight hours.

The toes have not contracted since, or given her any uneasiness whatever. She gives more evidence of the power of the will over the extensors of feet and toes—increased strychnine to $\frac{1}{20}$ of a grain three times a day. Renewed tinct. Iodine to back—other medicines continued.

May 9th. Exhibits more signs of voluntary motion in feet and legs—still unable to retain urine.

June 9th. Continues to improve—gave saturated tinct. of Ergot, thirty drops three times a day—discontinued electro-magnetism which she has been using for some weeks past.

July 9th. Legs, feet and toes continue straight and natural; motion improves—increase Ergot to 40 drops three times a day.

July 15th. The Ergot produces pains simulating labor pains—went back to 30 drops, omitted Ferri et Quinia Citratis, and gave Vin Ferri instead.

Aug. 9th. Has been gradually improving in health and the command of her limbs and urine since last date. She begins to exercise her legs by sitting on a bed or table and swinging them back and forth—reapply tinct. Iodine to back.

Sept. 9th. Bodily health as at last date—voluntary motion of legs and feet gradually increasing—begins to stand on her feet and walk a little when supported by her sister.

Oct. 9th. Continues to improve walks and bears her own weight, by taking hold of the furniture in the room—Ergot continued and sol Quinia.

Nov. 9th. Discovered that she had of late been very imprudent in her diet—this has caused dyspepsia and I have no doubt has retarded her progress. Put her on a light diet. She has drank wine, or brandy and water with her dinner ever since she has been under my care, and still continues to do so.

Nov. 17th. Renewed strychnine in the following formula:

℞ Strychnine, gr. I ss.;
Alcohol, ℥ ss.;
Acid Acetic, gs.; M.

Give three drops twice a day. Give two grains quinine twice a day. Can not yet fully command the urine.

Feb. 20, 1855. It is now three months, since my last report—the young lady has returned home, quite well. The last nine months of the time she was under treatment, she was with her sister. at East Cambridge. Owing to her helpless condition,and amiability of character, much sympathy was excited in her favor. The neighbors took much interest in her—visited her often—brought her books, flowers, &c.

Before she left for home, she returned their calls on foot, and walked into Boston to call on me. I have repeatedly heard from her since her return home, and the last, though not the least important intelligence which I have received, was that she was married. Her home is among the Granite hills of N. H.

Boston, Mass., April, 1858.

A Poisoning Case from Haschish, with Notes. By William Wright, M.D., L.R.C.S.E., Professor of Materia Medica, McGill University, Physician to the Montreal General Hospital, &c.

From the rarity of similar occurrences, at least in Canada, I have been induced to record the following instance of poisoning by Haschish. It happened during the last month (March), to a much esteemed friend, whose only fault was in the love he bore to science. He has increased its interest by having kindly favored me with the narrative in his own words.

"I was much interested some time since in the extraordinary tales related of the Cannabis Indica, and felt curious to experience some of its effects myself. With this intention I took at various times several doses of the Churrus or resin, and also of the extract or Haschish, commencing with one or two grains, and increasing the dose gradually to ten or more, without producing, however, the slightest perceptible result.

"As there could be little doubt of the purity of the preparation, it being obtained from the well known and highly respectable firm of Morson & Co., London, I concluded that it must either have lost its virtues by keeping or that the power of the plant itself must be much exaggerated. Conversing with a physician, a few days ago. on the subject, who entertained a different opinion, I swallowed in his presence about 15 grains of the extract to convince him of the sincerity of my belief.* About two hours and a half afterwards I was reminded of the almost forgotten circumstance, by a strange and sudden sensation of warmth at the pit of the stomach. which quickly extended over the whole body. At the same time I became considerably excited and talkative, and with difficulty restrained a strong inclination to violence. These symptoms quickly and completely subsided. After the lapse of a few seconds, without any warning, the blood seemed to rush violently to my head, the heart beat rapidly, my mouth and throat became perfectly dry, and I entertained a painful sense of suffocation. In a few minutes, after a succession of such attack, the interval of recovery growing shorter with each, I grew very faint; the power of moving my limbs seemed to be deserting me; I could scarcely speak, and felt certain that death would quickly terminate my rash experiment. Up to this time I had been able to control myself, and to resist the wild suggestions which thronged through my mind. But now, completely overpowered, I seemed like a cork floating up and down, now gently, now swiftly, through space. Then I was a balloon, gradually expanding as I filled with gas, till, becoming more and more buoyant, I suddenly, with a feeling of ecstacy, shot high up through the air. All at once I began to feel cold, and lo! I was an immense iceberg, floating about on a calm sea. These illusions, however extravagant, were of a far more real and substantial character than is usual in ordinary dreams, and up to this period were rather oi a pleasant nature than otherwise; there were short intervals of partial recovery, but the sense of buoyancy or floating prevailed throughout. These, however, were now replaced by others of a character so differeat, that for some days after my recovery, I could not shake off the painful sense of dejection they left behind;—I was whirling through an ever-changing scene, sometimes along the course of rivers, sometimes through thick dark forests, sometimes in well-remembered houses. At first I struggled hard to resist the power which seemed hurrying me on; but at last I became calmer, and began to inquire *where* and *what* I was. Was I dead? I had no body or form, and could touch nothing. I concluded I was dead, and vainly tried to remember how and when I died; and as I experienced a very distressing sense of isolation and unrest, with a burning pain which I could not refer to any part of my being (caused, I suppose, by a blister which was applied to the back of my neck), I was convinced that I was entering on a state of suffering, which, though at the time not insupportable, would be

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*The same extract had been the subject of our talk from having appeared to evidence, in the person of another of my patients, a potent action in a single dose of two grains To decide the improbability of this opinion, the *experimentum crucis* was voluntarily made.—W. W.

ever becoming more painful. Ages passed away, through which I was still rushing on with a feeling of helpless despair.

"At length I knew I was lying in bed ill. In vain I tried, again and again, to recollect the cause of my illness; my imagination suggested many explanations, but the true cause never once crossed my mind. At last the pain in my neck arrested my attention, and all at once I seemed to recollect that I had been shot in the back of my head, and thought I must now be in a state of delirium. It appeared to have happened long ago,—many years. I seemed to fall asleep occasionally, and was much puzzled that I always awoke in the day-time, apparently about the same hour. These intervals of sleep or complete unconciousness could not in reality have lasted many minutes, but to me they seemed days. I cannot describe the painful earnestness with which I struggled to recover my recollection of what had really happened. About three hours from the time when I first became affected, I began dimly and imperfectly to recognize objects around me; they became gradually more and more distinct, and at length I was myself again, bnt with bewildered feelings as if I had just risen from the dead.

"So far as my experience goes, the sensations arising from the use of Cannabis Indica are most frightful, and nothing could induce me to repeat the experiment."

Notes.—The length of time that intervened between the ingestion of the dose and the manifestation of the symptoms is important to observe. The circumstances were not such as to explain it. The substance was taken upon an empty stomach, four hours or more after breakfast, and the symptoms did not supervene till sitting down to dinner, two hours or more afterwards. In the meantime he had continued his usual avocation, and had engaged his mind with its pursuits. Indeed, he had, so to speak, forgotten his recent experiment till reminded of it by the dangerous consequences that suddenly, though remotely, appeared. Generally the symptoms are late in occurrence in poisoning by cannabis, seldom succeeding before an hour has elapsed from its administration. But the retardation here was unusually protracted. In consequence, when called upon to treat him, the ordinary indication of provoking emesis—which it is desirable to fulfill in most cases of toxication—did not suggest itself for practice. The substance I conceived had already been removed from the stomach, and was then more likely to be in process of excretion than of absorption. Accordingly, an opposite line of treatment was pursued. Effervescing sodaic draughts, with small doses of antimonial wine, were exhibited from time to time, and appeared decidedly beneficial by promoting the restoration of secretion, and thus aiding in the depuration of the blood of the deadly narcotie which was circulating with its living elements. At first the mucou membrane of the tongue and mouth generally, as well as the skins was dry; but both moistened as recovery progressed. The urinary fluid was also rather deficient. Another advantage which the medicinal combination above mentioned seemed to afford, was in keeping under a salutary level a tendency to inordinate vascular excitement of the arterial system generally, which was shown not so much in the entailment of increased frequency in the rate of its circulation, as in the super-addition of an augmented degree of relative power; but of this I shall speak again. The only other remedial expedient had recourse to was the application of a sinapism to the nucha, and its subsequent repetition. No true antidote has yet been discovered for cannabis, and, admitting the possession of such an agent, its use was precluded in the present, and I believe would also be in the majority of cases, in consequence of the long time that passes away before the letheon brings out its effects; for whatever may be the utility of an antidote when opposed to its bane in the gastric cavity, it becomes powerless when once absorption has been effected, and even though it might be supposed capable of overtaking the poison while in transit through the system, its virtues would be rendered nugatory by the controlling influence of vital functions, which are directly averse to all chemical combinations or decompositions ensuing within the vessels, during life, between inorganic substances, introduced from without, that are not amenable to assimilation. Nevertheless the contrary has been vainly supposed by some writers.

Few facts are more remarkable than the astonishing influence which apparently indifferent substances, in trifling quantities, are capable of exercising over the intellect and feelings of man: like the creature of a passing fancy, his happiness may owe its existence to the most improbable sources. "It may be purchased for a penny and carried in the waistcoat pocket." The wretch, whose hopeless life is a burden, may procure from his deceptive stimulus, a joy that the dull realities of existence never could have afforded. Nor is the example of this kind of sustenance confined to a few—the outcasts of despair—as might be supposed. Indian hemp forms but one of the five great narcotics which have become articles of national consumption, and it is far from being the most extensively used, yet on it alone depend between two and three hundred millions of human beings for their pleasure. The condition of mind it produces is characterized by several peculiarities. As attentively studied from the present case. they seemed to be—

1. An exaltation of the impulsive propensities, creating a preparation to perpetrate violence upon provocation; the excitation being vastly disproportionate to the act, so that under no circumstance could the latter be extenuated by the former. The will is to a certain extent under the subjugation of impressions communicated from without, and, the reasoning also being impaired, true occurrences are distorted and falsely interpreted, with an invariable tendency to am-

plification, magnifying under increasing examination like pictures in the field of a stereoscope. The Haschish eaters of the East betray this moral obliquity in a very decided manner. The shocking atrocities committed not many months ago by the Delhi rebels had probably a foundation in cannabis. Of the notorious Old Man of the Mountain it is thus recorded :—Taking the Count (Henry of Champaigne) to the top of a high tower, where were stationed guards in white robes. " I doubt," said he, " whether you have any subjects so obedient as mine," and, making a sign to two of the sentinels, they precipitated themselves from the height, and were dashed to pieces. Summoned at another time by an envoy from a powerful enemy to submit himself, the sheik called a soldier and ordered nim to kill himself, which the man, unquestioning, did. " Tell your master," said the old man to the wondering envoy, " that I have sixty thousand men who will do the same." In fine, Haschish induces for a time a partial moral insanity, in which the impulses developed have a murderous tendency, either homicidal or suicidal, though generally the former.

2. A loss of individuality. The free spirit is no longer confined or trammelled by its corporeal tenement. Body, for the time, has no personality, and the existence, solely experienced, is immaterial or etherial. The nerve substance of the brain seems paralzed, and does not contribute its accustomed support to the substantiation or rectification of objects received through the special senses ; or when these are unexercised, as in dreaming, the false creations of the struggling mind are not corrected by an application of consciousness. There is a remarkable buoyancy of feeling, and an exemption from the perception of ordinary physical clogs, so that, as in the above case, the idea that takes strong hold of an individual is that he is a spirit. The same hallucination occasionally manifests itself under another form, in which still the predominant feature is a belief in the possession of capabilities inconsistent with material organization. A gentleman while under Haschish, thought himself a locomotive, and of whom it is said that he, for the space of two or three hours, paced to and fro in his room with measured stride, exhaling his breath in violent jets, and when he spoke, dividing his words into syllables, each of which he brought out with a jerk, at the same time turning his hands at his sides as though they were the cranks of imaginary wheels ; and who, arising to taste water from a pitcher, set it down with a yell of laughter, crying out, " How can I take water into my boiler when I'm letting off steam ! "

3. Closely connected with the preceding illusions is another as regards the computation of time. The mind under Haschish forms no correct estimate of time—seconds may extend themselves into years, and minutes into centuries. While watching the progress of his case, my friend woke up after a short reverie of a few minutes dura-

tion, and, without any reference to antecedent associations, for they had probably rolled far away into an interminable vista of oblivion, he gravely assured me that since then, the period when he had taken up his last wondering tale, two thousand five hundred years had come and gone; while in verity his watch had scarcely sounded one-tenth the number of ticks!

4. A proclivity to extreme hilarity or laughter is established, rendering the patient ridiculously susceptible of the least humor, and causing him to exhibit his unwarrantable appreciations in an outrageously absurd or silly manner. The desire for laughter is often irresistable, and, even when not incited, peal upon peal of baseless merriment may astound the ear of the astonished beholder; at other times the exhiliration may give itself vent in a jovial song, lound shouting, energetic dancing, or some other equally extravagant action. About the time of the occurrence of the case, I had prescribed ext. cannabis to two other patients. One, a gentleman, who took a pill containing two grains three times a day. A short time after the first he said he got into a sort of hysterical state ready to laugh at anything, and with a constant inclination to giggle and behave unseemly. At the same time his eyes felt as if too large, and altogether strangely curious. He persevered in the use of them for over a week, as he derived great benefit from the symptoms for which they were ordered; but he assured me that although the effects first experienced never recurred, yet ne had always. more or less, a feeling of slight intoxication till he discontinued taking the remedy. The second was a lady to whom it was prescribed in half-grain doses; and I considered that I could subsequently detect in the slight veil of unusual cheerfulness. overspreading a naturally amiable countenance, the delusive power of Haschish. In the original case, or that first narrated, this proclivity was not so marked as might have been expected. I saw but slight traces, and these only occasionally: on the contrary, there was rather a painful character attached to the delusions, which is altogether unusual. As with other narcotics the exact effects will be dependent upon modifying causes as idiosyncrasies, national peculiarties, &c. Furthermore, his mind appeared to be in an alternating condition between excitement and sadness, which states invariably followed each other. The first was of short duration, not lasting more than a few minutes, while the latter would persist for at least a quarter of an hour before being broken in upon by its less sombre successor. These two phases were accompanied by corresponding changes in the pulses, it being always quicker and stronger under the first specified.

5. The other observations made upon his psychical disorder were, that for about the first three hours after its setting in, he was in a dozing kind of state, easily awakened by any noise, such as that of ordinary conversation. Frequently he woke himself up. It was up-

on being thus aroused he declared his phantasms. He rapidly after fell into a sort of sleep, and never continued insensible beyond 10 or 15 minutes. It appeared natural, and was not accompanied by any steror of respiration nor turgescence of the features. The pupils were however dilated, and the retina had lost its natural susceptibility to the stimulus of light. After the end of these three hours, his sleep became more normal, and he gradually exhibited symptoms of decreasing disturbance. Afterwards I did not see him till about as many more hours had expired. He was then awake and rational, and had emerged from his Haschish-dream.

The dose had exercised a decided interference with common sensibility; ordinary perception was in a measure deadened, and there was a partial anæsthesia of the cutaneous surface, and yet sensation was positively acute, so much so as to be accompanied with feelings of actual pain. A slight prick or quick pinch gave no response; but a more extensive or prolonged irritation, as from continued pressure, was felt, and subsequently remembered. He told me afterwards that he experienced great pain from touches, &c., which at the time he did not complain of, or, as might be imagined, he was incapacitated from objecting to. Pain existed, then, although it could not be resisted. Its endurance was borne by the patient, while the observer presumed he was unmindful of it.

The heart and arteries appeared to be specifically affected. The pulse possessed a strong full tense character, the vessel conveying to the finger a pseudo-cartilaginous feel, as if the tonicity of its organic contractile coat was powerfully stimulated. Upon recovery he complained much of a feeling of painful constriction about the heart, and of pain in his wrist which was brought on by slight compression of the pulse. There was no capillary engorgement nor over-action,—no texture nor organ evinced symptoms of determination of blood; nor were there signs of venous congestion discerned in any part. The action of cannabis on the vascular system is, probably, one which, if better established, might be turned to great practical benefit. It is in conformity with the experience of Dr. O'Shaughnessy of India, to esteem this remedy as an arteril stimulant well adapted for reviving the failing energies of the circulation, and for conducing to the establishment of re-action in cases of collapse. In recording his investigations with it in Cholera, he states that he "has known the pulse and heat return and the purging checked, by a single dose. In one case of Collapse, the patient revived immediately upon taking the remedy."

The above case is also interesting in a negative way. It was not marked by several phenomena that have been witnessed in others, such as catalepsy, aphrodisia, &c.

And lastly, the reader is reminded that the word *Haschish* is employed in this communication to designate an extract of Indian hemp, prepared by Morson of London, and procurable in this city at Messrs. S. J. Lyman & Co., Place d'Armes. The distinction is the more necessary, for the same name is given in some places to an extract from Gunjah, obtained by boiling it in butter; and has likewise been applied to the tops and tender shoots and pistils of the flowers of the plant, in contrast to the larger leaves and capsules which are known, orientally, as bang, or in the language of Dr. Wood, (Pharmacology) *bung*, while a nearly identical term, *hushish*, is assigned, according to Avicenna, by the Arabians, to an inebriating substance prepared from the bruised leaves.—*Montreal Med. Chron.*

THE PRESENT ASPECT OF CONSERVATIVE SURGERY AND THE CHLOROFORM QUESTION. By F. C. SKEY, Esq., F.R S., F.R.C.S., Surgeon to St. Bartholomew's Hospital.

GENTLEMEN. I don't think I can better begin a Course of Clinical Lectures, which it is my duty to deliver in this theatre during the new year, than by making some few remarks in reference to what is called in the general *parlance* of the day, "Conservative Surgery." By conservative, or curative, surgery as applied, in the first place to injuries of joints or limbs, I wish to signify that practice in surgery which, in the hands of some one surgeon, leads to a conservation or saving of a limb or joint, as contra-distinguished from another practice, which, in an entirely similar case, sacrifices the same joint or limb by amputation. By "conservation," or some such term, we properly signify the recognition of the power of Nature to repair what may appear otherwise beyond repair, and it obviously implies on the part of the surgeon a deeper knowledge or experience of the subtle, yet marvellous, powers of Nature, engaged in such processes, as well as an instinctive recognition of these processes and the point where Nature is assisting us, and proving herself a true *vis medicatrix;* or where, overborne by sundry morbid agencies, Art, even at any cost of mutilation, must come to the rescue.

And this "conservative" surgery is no mean or little thing; it engages the moral feelings as well as an intellectual analysis of the surgical facts that have previously come under your notice—for I now take it that you will all and each of you be one day or another embarked in surgical practice—both, mind you, are indispensable, the moral feelings and the intellect, nay more, we must in a measure, make each case our own, and sympathise with our patients, if we wish to master each case presented to us.

A man properly imbued with the idea of curative or conservative surgery must calmly study Nature, he must forget self-interest.

Oh! do not for mere *eclat* of operations, as do some, commit some crime—I was almost inclined to say, do not do anything to your patient, be he rich or poor, that you would not after the gravest study wish to be done to yourself in similar circumstances! That, indeed, must be your guiding rule in all your medical intercourse with the sick, but more particularly in this department. Remember if you save a man's arm to him it is almost equivalent to his life, as it is the means by which he lives.

But you are young, and you say, "Why all this, the surgical profession is surely an honorable profession?" and you read the journals, and "we are all honorable men!" Be it so—that is drawing it very mild at any rate. Mark! I make no imputation against the great operators, but while human strength is mixed up with human weakness, and while the line is not well defined in surgical operations where *esprit de corps* or mere surgical *eclat* trespasses on thorough conscientiousness or honesty, while error is likely to prevail, then it is your duty to keep yourselves properly instructed in what the lessions of experience everywhere are teaching us, and to what principles of surgery the "finger-posts" of statistics are pointing.

You may depend on it that Nature has a disposition to effect singular cures if we only did not thwart her designs. Nature is usually at work building up healthy tissues. I believe this is evident in a large majority of surgical cases. Look at a broken bone uniting. Sometimes, no doubt, there was side by side with such healthy physiological action a certain pathological or diseased action or element, but let us take care that we do not encourage the latter in place of the former; say that we bleed in a fever where we ought to give wine, then the disease gets a head; or say that a patient dies of amputation or resection, where such operation was unnecessary.

If you believe with me that there is this tendency to mistake many things in Nature's work for something pathological; that from *esprit de corps* we take for granted Nature is going pathologically wrong as often or oftener than she goes physiologically right, yet if I can show you this is an error, surely there must be something in our conservative surgery that deserves more than a mere passing notice.

Let us take care that this so-called *esprit de corps* does not alienate the public too much from us. Bacon made this remark a very long time ago. It is as true now as it was then.

All very well! But what evidence can I bring that Nature, as we find in her hospitals, is not always going wrong? I now remember the wards of St. Bartholomew's Hospital for a period of about forty years, and if I look back at amputations, for instance, I find they are diminishing in number year by year. What is the secret of this? I'll tell you. Nature now cures hundreds of cases that were formerly mutilated and amputated. Do you think we have in this department but reached the goal, that we have nothing like steel or cod-liver oil in strumous cases, for instance, totally unknown forty years ago, yet to be discovered? Is chloroform nothing?

But what a melancholy thing it is that some surgeons still adhere to old routine. You will be astonished, perhaps, that there is no standard practice in our sixteen or eighteen London hospitals. The public does not know that even with this *esprit de corps*—of which we make so much ado—that the leg which is saved in hospital A is cut off and few questions asked at hospital B, C, D; ay! we're "all honorable men," saved perhaps at hospital E, or put in orthopœdic training, but cut off at F, G, H, I, &c. Is it not our duty to society to save limbs, to cure aneurisms without cutting operations, to take advantage of chloroform, &c.? To society did I say? Here a man feels the blighting influence of this so-called *esprit de corps;* he is out voted in consultation, and by apparently wise heads; he must not infringe old routine or the sterotyped rules of years! But I tell you, and you may rely on what I say, our first duty is to society, though it may ill understand us: our next, ay, *longo intervallo*, our next duty is to our Profession!

I am sorry to say, too, that the more remote the distance from London the worse do things appear to become, so firmly rooted do old prejudices keep their hold where once they have been implanted. In one small provincial hospital, with forty surgical beds, I have recently known there to have been more mutilations or amputations in one year than there were in the same year (of twelve months) in all our 340 surgical beds in St. Bartholomew's. The fear of using chloroform, another error, adds to the horror of such old-world wisdom.

All professions, perhaps, even to the judges on the bench, are "infirm of purpose," if it comes to be a matter of common sense *versus* some old precedent or rule, in other words, a matter of *esprit de corps*. Still even this latter must occasionally yield to the public learning things thenselves.

There is no large or capital operation in surgery that is not nudergoing a change in the direction of greater simplicity. Where are our pullies in recent dislocations of the hip? What improvement ever equalled that of the introduction of chloroform, of anæsthetics? Pain abolished at one glorious sweep; you know that even within your own memory, let cavillers say what they please, it has become the recognized practice of all good surgeons in America, Asia, Europe, to administer chloroform. Let no silly errors persuade you to the contary! Again, look at injuries of the skull and the use of the trephine, where formerly it was used on every occasion (realising the lines to Sidrophel,—

"He used trephining of the skull
As often as the moon's at full."

where formerly we were told to anticipate symptoms), now the trephine is scarcely used at all, in Germany it is entirely condemned.

Let us take lithotomy operations again, and compare them with lithotrity. Yet though the appliances and means of lithotomy are more brilliant or improved (I now speak of the lateral operation), the deaths are at least 30 per cent.; those of lithotrity, which is superseding it in private practice, are only 5 per cent.

Does the conscientious surgeon treat surgical aneurism now in the same manner that surgeons of the last century did? No! We have been compelled by the facts brought forward by the Dublin surgeons to adopt the mode of cure by compression; it is not so brilliant or full of *eclat*, yet it is eminently conservative and saves many valuable lives. Some London men say they like a cut at their cases, but the short and best cut of a case of aneurism is to cure it, and that is effected by pressure; the amputations and deaths after ligature, even for popliteal aneurism, were something terrible and enormous a few years ago; now we hear of internal aneuisms cured by specific methods!

Old dislocations are now reduced in people of advanced years, even at sixty, though Sir A. Cooper advised the opposite, and in the manipulation of other cases under chlorform it is marvellous what may be done. These are the cases that will make or mar you in practice.

As to the special subject of saving limbs after surgical injury, such as compound fractures with and without injury of vessels, I wrote a paper in 1855. I am every day more and more convinced of the force of the truths I then enunciated; I will not go with much detail into it.

If a limb be cold or mortified and vessels impaired there can, of course, be no second opinion as to the propriety of amputation, but I take cases on the confines of this extreme condition, and I ask myself very often, shall I amputate or not? Fifteen years ago I had a great deal of night surgery at this hospital, I may say I lived next door, and I have had many a half hour's walk up and down the quadrangle—half hours of agony, thinking shall I amputate or not amputate? A hand and forearm of a patient is sometimes fractured by machinery, by a printing press at night—the old rule, I now firmly believe " more honored in the breach " than in any, even at least slavish observance, was always to amputate, and mind, in doing that, you take away the working man's right hand perhaps; now that is a serious matter! We infringed the rule, and the infringments or errors of old rules taught us a great deal. I was every year more and more fortified in my opinion, now fully established, that you are not called upon to amputate in almost any injury of forearm and hand. Nature will repair the mischief herself!

Take again diseases of joints, and what do we find? What has the last ten years taught us? That you cannot have anchylosis without removal of the encrusting cartilage of such parts as the head of the femur or humerus, &c. This is not disease, it is Nature's own curative surgery; yet how are we every other day frightened at the words "ulceration of cartilages." Have you never seen this part finely injected with size and vermillion? If you have, you would see a beautiful ring of granulations marking out the process of absorption, and thus, *pari passu*, marking out Nature's conservative surgery. Yet how many dozens of knees do we see amputated, or ankles removed, because we mistake a healthy reparative process, tedious it may be, for a diseased state.

But I come back to the subject of compound comminuted fractures. I do not like to lead the advanced guard of ultra-conservatism. I see a good deal of small surgery, but though heterodox in a 'clinical,' I wish to teach you leading clinical principles, not small surgery. But I will give you a case; there is nothing like a case—it is a sort of diagram. A man was brought in, Nov. 5, with u very bad and formidable laceration of forearm, the radius comminuted, the extensor muscles scooped away, the interosseous ligament and so-called intereosseous artery (it's not an interosseous artery at all, by the way,) all injured, he had a Guy Fawkes explosion, burning and destroying his arm. What was to be done? The students came crowding down for an operation; he had some amount of extension and flexion in the forearm. Well, I simply cut away all all the jagged parts, I placed a splint over the front of the forearm; he has now a useful arm; but mind, if he had not had extension and flexion it would be useless to try to save the parts. Here "antagonism," whatever it be in the moral or Guy Fawkes world, is everything to be desired. He had his supinators, else I would have amputated: it would never do to leave him a hand all flexors, bent like a bird's claw.

You have heard also, no doubt (any of you industriously reading up for the college, at least), of "primary" and "secondary" amputations. Well, there has been a great deal written on this subject, and, as it is made to bear on conservative surgery, it is good in its essence, but it is impracticable. I have often explained why I don't believe in it. It may answer on the field of battle, where the surgeon is here in a trench to-day, and ten miles off to-morrow. I believe it is ridiculous in civil hospitals, for I say if a man is not operated on till the termination of six hours, why not give him 24, ay, and 48 hours. In such cases I would say, in one word—do not take off limbs too soon, watch the case, watch it, that's the secret. I fought a case here the other day; I said give him 24 hours, and then three days: I will not tell you the result—but that is the principle. I want you now to observe for yourselves, and take this with you, that in the last ten years there is happily growing up more tenderness and sympathy for patients; there is more humanity amongst the true and great surgeons.

If we felt for patients more it would be no harm. I had a joke with Sir B. Brodie a little while ago. He went out of town somewhere and happening to meet with an injury, dislocated his humerus. "I am so glad, Sir Benjamin," I said to him, "as the Fates would have it so, that it occurred to such a good observer; you can now sympathize with patients and tell us all about it; I am glad, at any rate, it was no worse." He laughed. "I agree with you," he said, "we do not sympathize enough with our patients. I don't exactly see the force of your congratulation, at least in your way, for I assure you it was horribly painful."

I would say to you, in conclusion, it is your duty, it is your mission, and there is no nobler one, to save limbs and to save life in every possible manner you can; the sooner you forget mere personal *eclat* the better. Take care that much of the *esprit de corps* I speak of is not pride and self-esteem.

You may rely on it, considering our increasing knowledge of therapeutics, that we have not yet tested Nature's own conservative surgery enough, and that we deprive Nature of much of the credit that is justly her due.—*Montreal Medical Chronicle.*

CASE OF TRAUMATIC OCCLUSION OF THE VAGINA. Read before the Cook County, Ill., Medical Society, April, 1858. By ERNST SCHMIDT, M. D.

The complete occlusion of the vagina, if acquired by any traumatical or pathological influences in the time of sexual maturity, belongs as well to the rarest as to the most interesting deseases and deformations of the sexual system of women; because, it firstly arrests at once all functions of the whole series of highly-important organs, and, secondly, always results fatally without operative help and attempting the latter in most cases. Therefore, I think that the following case which I successfully treated, with my friend, Dr. Wagner, in this city lately, may be worthy to claim your attention for a few minutes:

I begin with the history, as far as it could be gathered from the statement of the patient and her friends. She is a small, slender woman, of a very lively and somewhat nervous temperament, twenty-three years of age, and cannot remember any former sickness worth mentioning. Her monthly terms first appeared in her sixteenth year, and returned almost every fortnight till she got married in her twentieth, without any bad effect from this irregularity upon the

the state of her health; since which time the courses came on pretty regularly every fourth week, and her whole constitution improved. Having conceived two years after her marriage, and feeling quite comfortable during the whole term of pregnancy, she had the first labor at the right time, on the 25th of July, 1857. The pains at first were very strong and frequent, by and by decreased in number and strength, and two days having elapsed, the water was not yet broken. The attending midwife at last burst it, at a time when the pains had almost totally disappeared. No further pains coming on, the midwife continued to manipulate twelve hours more with her hands in the vagina and upon the belly, and ordered the woman in labor to press down as much as her sinking energies allowed.

Under this rational treatment, the head by and by was pressed into the entrance of the vagina, so that, as the bystanders state, it was already visible. At the same time, the mother asserts that she still felt very violent movements of the child in her abdomen. But as now no further advancement could be attained, the husband at last ran for a doctor, and finally found one, that is to say, he found a fellow, who once served as a barber in Germany, but at present has a splendid sign parading at his office door in South Wells street, "Physician, Surgeon and Accoucher." This illustrious sample of the medical profession then made his appearance, and for some hours manipulated on the child's head with his finger-nails, and towards evening of the 28th July, succeeded in delivering a still-born, well developed child, weighing twelve pounds, and as the husband reported, " quite dead," and the face and scalp horribly scratched and skinned; he is sure, also, that the child's face looked backward, so that it was no face presentation. Then the so-called doctor pulled the navel-cord in such a manner, that it was torn, and having obthis glorious result, as well as his ten dollar fee, he left the house so well satisfied that he did not care any further for the course of the confinement, as I suppose, the most thankworthy feature for the wretched mother. Half an hour later, the returning midwife found only the navel-cord, but not the placenta, and this could only be brought to-day after hard working for another half hour.

Notwithstanding all this ill treatment, the loss of blood after the delivery was trifling. However, the patient became very weak, had some chills alternating with heat, complained of considerable soreness in the abdomen, with diarrhœa, and lost from the genital organs a great quantity of bad smelling matter for about a fortnight. The urine always passed without difficulty. On the twelfth day from her confinement, suddenly a considerable quantity of blood flowed out of genitals, and at the same time both legs showed a large œdematous swelling, which again disappeared after a fortnight. At this period, the patient commenced leaving her bed, and after a while also the suppuration from the genitals and the diarrhœa stopped, and so after the lapse of six weeks from confinement the patient considered herself fully recovered.

But she never regained her former good health and strength, but fell away by degrees. Two weeks later, violent pains appeared in the back and in the region of the ovaries, and generally all the symptoms peculiar to menstrual-colic and retention of the menses by mechanical impediment. These pains lasted in their highest intensity from two to four days, and from thence returned in regular intervals from three to four weeks, more and more increasing in intensity The intervals were rather free, but the husband soon discovered that the normal size of his wife's vagina was shortened and contracted in a very offending manner. Possibly, this critical circumstances assisted in calling in medical aid; at least, it was recommended towards the end of October, during one of the violent attacks coincident with the period of her terms. The treatment comprehending the strongest internal and external emmenagoga, without any previous manual examination, was followed up by a great number of druggists, midwives and quacks, till the 19th of January, 1858. Thus, the attacks increased in violence and duration, and at last the intervals between them almost disappeared entirely. The patient, worn out by pains, continued sleeplessness, constipation, and impossibility to take sufficient food, could hardly be prevented from destroying her own life. She threw herself to the floor tremendously, crying with convulsive fits. Just after such a scene, I saw her the first time, on the 10th of January, 1858.

As all the reported symptoms must seem to be caused by a retention of the menses, a manual exploration was immediately resorted to. The abdomen, especially in its right side, looked swollen; palpation detected a spherical tumor exactly corresponding to the region of the right ovarium, about double as large as a man's fist, from which a cord two fingers thick could be traced almost to the midst of the abdomen towards the symphysis. The tumor could be dislocated to and fro without difficulty; the percussion sounds over it wore quite dull. The left side is free, with normal tympanitic sound; likewise just over the symphysis, neither by a deep pressure, nor by percussion, is any tumor to be traced. The attempt to make an exploration through the vagina shows at once the immediate cause, as the finger could not be introduced above the labia minora more than an inch. The first finger-joint completely fills the whole of this rudimentary vagina, nor can any aperture leading farther up be found by the touch. Inspection shows the opening of the urethra a little pressed down; the commissura posterior shows hard cicatrices running backward to the anus, in front and to the inside of the vagina, which apparently originate from several very considerable lacerations of the perinæum. A very small glass speculum introduced between the labia pudendi showed the bottom of the vagina completely closed, as also manifold explorations by probes of all kinds, made it evident that no communication existed with the uterus. The membrane of the vagina had lost the character of a mucous membrane, and was dry and without the specific secretion. The internal manual exploration being very painful, and the callous, scarred state of the upper end of the rudimentary vagina making the exploration more difficult, it was impossible to settle whether there existed above the closing cicatrized cord a residue of the former regular upper part of the vagina, tightly filled with blood, or whether the uterus was in immediate contact. The finger exploring through the rectum at once hardly an inch above the anus, touched a spherical tumor as big as the fist, that could be nothing but the reflexed and distended fundus uteri, and that when moved a little communicated the movement distinctly to the tumor of the right ovarium and *vice versa.* This result of the exploration of course hardly allowed any doubts for the diagnosis, nor for the prognosis; for the intervening cicatrix being so very strong and tough, the natural secretions and excretions of the several organs, together with those heaped up already, could not be expected to force their exit, and that, therefore, the patient's life probably very soon would be destroyed if surgical aid were not resorted to; the more so, as not only the patient, by the most distressing pains, was already almost exhausted, but also the danger was near at hand, that the distended ovarium or the tube should burst and be followed by a fatal peritonitis. Therefore, Dr. Wagner and I at once determined to undertake the operation without delay, on the 12th of January. The patient was then laid across her bed in a position similar to that for the operation of lithotomy and then anæsthetised. Dr. Wagner stood at her left side, the index finger of his left hand in the anus, and with the right hand holding a silver catheter lying in the bladder. I knelt down between her legs, brought the index of my left hand into the vagina like a probe, upon which I introduced a very fine-pointed and somewhat crooked tenotome with the edge upon the concave side. The attempt always to feel with my index finger whether the knife is not approaching either Dr. Wagner's finger in the anus, or the catheter, may theoretically easily be recommended, but in practice it is a good deal more difficult, especially in a case where the rudiment of the vagina was so very contracted. In an equal distance from rectum and catheter, I penetrated the vagina, and pressed the knife vigorously forward about half an inch deep, till I felt that the resistance was yielding; then I dilated the opening externally by the incision about half an inch long, whereupon thick tar-like blood commenced flowing out, and in this way indicated that the first success was attained. In the meantime, the patient began to manifest great debility. The pulse becoming imperceptible, respiration was more accelerated, and only the first mitral sound was to be heard distinctly and almost always coincident with a deep respiration, a sign which we should be always mindful of as it reminds us immediately to cease the anæsthetic, even when the state of the pulse does not yet seem to require it. By the application of ether, cold water, &c., we soon succeeded in checking the effect of the chloroform, and the patient was removed to her usual bed-position. The dark blood continued to flow away slowly and sparingly, perhaps six ounces in the first two hours.

Then, at once, in the afternoon, from one to three o'clock, about two to three pounds of blood of a very offensive smell, mixed with black and quite solid coagula, was expelled under moderate pains. At 5 o'clock P.M., pulse ninety-six beats, small, irregular; the ovarian tumor in the right side had become smaller and was already sunken down into the pelvis, so that it could only be felt by deep pressure. The fundus uteri palpable through the rectum had equally decreased in size and now stood fully two inches above the anus entrance. Evidently the blood oozing during the first two hours had come from a space between the rudimentary vagina and the uterus; when this space was emptied the fully retroverted uterus was able to rise again; the orificium uteri, during the rising of the organ, withdrew from the symphysis and the bladder against which it had been pressed in the former pathological position; and in this way, now two hours after the operation, the uterus, the tubes, and the ovaria, began to empty themselves. The following day a piece of compressed sponge was introduced into the incision. The patient feels comfortably. The third day, no further flowing, and suddenly all the symptoms of a circumscribed but rather acute peritonitis arose. The sponge was instantly removed. Pains during the night almost unbearable, pulse small (100), towards evening, 108 beats. A little blood oozing out again at noon. The 15th of January, in the morning, pulse 148, nose pointed, cehek red, cold sweats, cool extremities, the abdomen to the navel very tender and painful when touhced; only a little purulent, bad smelling fluid from the vagina; in the evening some more flow, pulse down to 132 beats, stronger. Under the proper external and internal treatment, the symptoms of peritonitis, so dangerous for the patient's life, abated, after three days, though the tenderness of the abdomen and the vagina, the costiveness and the fever, made attentive care necessary for another week. At this time also the purulent flux stopped, and pure blood oozed till the 24th of January. Then the tumor in the high ovarian region had totally disappeared, nor was any tumor felt through the rectum. An elastic catheter can easily be introduced through the incision in the cervical canal and uterus, which therefore has assumed a very favorable position. The well known glairy secretion of the cervical canal is always emptied by this manipulation. However, only a small space seems to exist between the present vagina and the cervix uteri. The introduction of a catheter in this way was continued from four to six weeks, about every other day, till the fear could be abandoned that the incision might unite again. Meanwhile the menses have returned three times regularly in intervals of three weeks. The woman is now enjoying good health and strength as before her confinement. The vagina is widened and quite a finger long, certainly a strining contrast to that state in which we had found it. The incision well cicatrized in its circumference has almost entirely disappeared, but allows a two-line catheter to enter into the cervical canal without difficulty. Thus the cure may be considered a complete one and one may perhaps only regret, that the constriction has not been opened and widened so far as to lodge in it the cervix uteri as in another fundus vaginæ, and to cause a fastening of the cervix with the surface of the incision by adhesive inflammation. However, the next success is the best; the more so, as it is very doubtful whether the experiment to try the latter operation would not have been followed by a rapidly fatal peritonitis—the latter having been dangerous enough in our method of limited operation. But a more difficult and important question arises, I suppose, what will be done in case of another conception—a matter worthy perhaps a further discussion? — *Chicago Med. Journal.*

NEW HAMPSHIRE JOURNAL OF MEDICINE.

MANCHESTER, JUNE, 1858.

PROCEEDINGS OF THE AMERICAN MEDICAL ASSOCIATION.

CONTINUED FROM PAGE 160.

Dr. Hamilton, from the committee of delegates from medical schools and colleges, to whom was referred the report of the special committee on medical colleges, reported the following preamble and resolution:

Fully appreciating the value and importance of the resolution under which they were appointed, but a majority of the gentlemen constituting this committee not being authorized by the medical faculties of the several colleges with which we are connected to act as their representatives in this matter, and therefore regarding it quite impossible to secure a convention of delegates in the interim of the meetings of the association: therefore—

Resolved, That we recommend to all the medical colleges entitled to a representation in this body, that they appoint delegates, especially instructed to represent them in a meeting to be held at Louisville on Monday, the day immediately preceding the convention of the American Medical Association for the year 1859, at 10 o'clock, at such place as the committee of arrangements shall designate.

The report was accepted, and the preamble and resolution were passed; after which several gentlemen claimed the floor, but the President decided that the reports of special committees were in order, the reports of committees on medical topography and epidemics having previously been referred to the committee on publication, without reading.

Dr. S. M. Bemis, of Kentucky, read an able and learned report on the "influence of marriages and consanguinity upon offspring."

Dr. John L. Atlee, from the committee appointed at the annual meeting at Richmond in May, 1852, to procure a stone with a suitable inscription to be inserted in the Washington national monument made a final report. It stated that Mr. Haldy, a marble mason in the city of Lancaster, Pa., had in his employment a young man, Mr. J. Augustus Beck, a native of Litiz, Pa., who had given unmistakable evidence of genius as a sculptor. At the suggestion of the late lamented Dr. A. L. Pierson, of Salem, Mass., (made at the meeting in New York just two days before his death,) the design of the celebrated painting of Girodet-Tricoson, representing Hippocrates refusing the presents of the Persian King, Artaxerxes, and his invitation to leave Greece, and reside and practice among her enemies, was selected. This was sculptured upon a block of Vermont marble, with the motto: "*Vincet Amor Patriæ,*" and the stone is now at the monument grounds. The entire expense was $1000, of which one half was paid to the young artist. The amount contributed by members individually was $501,30; the balance was voted from the treasury of the society. Accompanying the report was a letter from the secretary of the Washington National Monument Association, and a resolution of thanks to the railroad companies by whose liberality the stone was brought from Lancaster to Washington free of charge. The report was accepted, and the resolution was passed.

Dr. Palmer, of Buffalo, read a report made by Dr. E. Andrews, of Chicago, Illinois, on the "functions of different portions of the cerebellum," of which the following is an abreviated report:

The cerebellum is divisible into three lobes, one median and two lateral.

The muscular system of most animals is divisible into two groups, viz: those which act upon the anterior extremities and the adjacent parts of the trunk, and those which move the posterior extremities and the corresponding portion of the trunk.

The report shows that there is a direct ratio between the strength and bulk of the anterior group of muscles and the size of the median lobe of the cerebellum.

Also that the lateral lobes manifest a double ratio, their size being as the strength of the posterior group of muscles, and also the size of the hemisphere of the cerebrum.

It is inferred that the action of the cerebellum is to *excite* motion, and not merely to *co-ordinate* it; that the influence of the median lobe is chiefly expended upon the anterior group of muscles, and that the action of the lateral lobes is in some manner double, part of their influence acting upon the posterior group of muscles and part of it having some relation to mental power, whose exact nature is not yet understood.

The facts and arguments are drawn from comparative anatomy, and illustrated with outline drawings.

Dr. Campbell, of Georgia, read a report on the "nervous concomitants of febrile diseases," which was accepted and referred to the committee of publication.

Dr. J. Marion Simms, of New York city, read an abstract of his report on the treatment of the results of obstructed labor, illustrated with a series of magnified illustrations. The Doctor seemed perfectly familiar with his subject, and was frequent applauded.

Dr. Stephenson, of New York, read an interesting abstract of his report on "the treatment best adapted to each variety of cataract, with the method of operation, place of selection, time, age, &c." Dr. Stephenson is the surgical director of the New York Opthalmic Hopital, an institution which relieves hundreds every year from sufferings with diseases of the eye.

On motion, other reports were called for, read by their titles, and referred to the committee of publication.

Dr. Edwards, from the committee of nomination, offered the following list of committees for the ensuing year, which was accepted, and the committees were chosen:

Special Committee on the Microscope.—Drs. Holsten of Ohio, Dalton of New York, Hutchinson of Indiana, Stout of California, and Ellis of Massachusetts.

Special Committee on Medical Jurisprudence.—Drs. Smith of New York, Hamilton of Buffalo, D. Crosby of New Hampshire, Purple of New York, and Mulford of New Jersey.

Committee on Quarantine.—Drs. Harris of New York, Moriarty of Massachusetts, La Roche of Pennsylvania, Wragg of South Carolina, and Fenner of St. Louis.

Committee on Surgical Pathology.—Dr. James R. Wood, of New York.

Committee on Diseases and Mortality of Boarding Schools.—Dr. C. P. Mattingly, of Kentucky.

Committee on the various Surgical Operations for the relief of Defective Vision.—Dr. Montrose A. Pallen, of St. Louis.

Committee on Milk Sickness.—Dr. Edward A. Murphy, of Indiana.

Committee on Medical Ethics.—Drs. John Watson of New York, Dalton of Massachusetts, Emerson of Pennsylvania, Hamilton of New York, and Gaillard of South Carolina.

Dr. Edwards also reported from the committee of nomination the following resolution:

Resolved, That a committee of nine be appointed by the chair to wait on the Hon. Howell Cobb, Secretary of the Treasury, and request the restoration of Dr. M. J. Bailey, as inspector of drugs and medicines for the port of New York.

After a long discussion the resolution, amended as follows, was then carried by a vote of 79 ayes to 55 noes,

Resolved, That a committee of nine be appointed by the chair to wait on the Hon. Howell Cobb, Secretary of the Treasury, and respectfully to request the restoration of Dr. M. J. Bailey as inspector of drugs and medicines for the port of New York—at the same time disclaiming all political considerations.

Dr. Bohrer, of Georgetown, chairman of the committee on special medical essays, stated that they had not had time to read, much less to consider, the papers placed in their hands.

On motion, the committee on special medical essays was instructed to hand such papers as they deemed worthy to the committee on publication.

The president announced, as a special committee to wait on the Secretary of the Treasury, Drs. Arnold of Georgia, Atkins of Virginia, Buckley of New York, Hayes of Pennsylvania, Smith of New Jersey, McPheeters of Missouri, Hargraves of Alabama, Ritcher of Michigan, and Hooker of New York.

On motion, Dr. Edwards was added to the committee as chairman. He declined, giving personal reasons as an excuse, but the covention refused to receive it, and he was accordingly chosen.

A gentleman stated that he, with several friends, had voted for the resolution with the sole intention of moving its reconsideration.

Dr. Grant of New Jersey, presented a complaint made by the Newark Medical Society against the Medical Institute of New York, for a violation of the ethics of the profession. Dr. Edwards presented a similar complaint, and Dr. Oakley a complaint from the Union and Essex county medical societies. They were received and referred.

Dr. Sutton, of Kentucky, moved that Dr. Jarvis, of Massachusetts, have further time to report on a uniform system of registration of births, marriages and deaths, and that a committee be appointed to urge upon the censui bureau of 1860 the importance of having a physician attached to it to collect vital statistics.

Dr. Kyle, of Ohio, proposed an amendment to the constitution by which no person can sit as a member or a delegate at meetings of this association who is not a graduate of a recognized medical college. Laid over for one year, under the rules.

Dr. L. A. Smith presented resolutions of the New Jersey Medical Society, praying for such changes in the constitution as would establish a board of census in every judicial circuit of the Supreme Court, who should examine and grant diplomas to all proper members of this association. Laid over for one year, under the rules.

Dr. Humphries, of Indiana, presented a resolution praying for an interchange of transactions of state and county societies; which was adopted.

Dr. Boyle, chairman of the committee of arrangements, presented the names of Professor Swallow, of Missouri, and Professor Mittag, as "members by invitation," and they were elected.

An invitation from Professor Bache to visit the Coast Survey bureaux on Capitol hill, was read, accepted, and a vote of thanks for the courtesy was passed.

Dr. Gibbs, of South Carolina, moved that Prof. Henry be requested to favor the association with his views on meteorology at such time during the session as he may select; carried unanimously,

Dr. Campbell, of Georgia, moved that the secretary place on record an expression of the regret with which the society has learned the death of Drs. C. R. Walton, S. W. Clanton, Marshall Hall, T. Y. Simmons, Mitchell, and other members deceased since the last annual session; carried.

On motion of Dr. Phelps, the following resolutions were passed unanimously, the members rising:

Resolved, That the thanks of this association are eminently due to the Regents and Professor Henry, of the Smithsonian Institution, for the ample and convenient accommodation afforded for the transaction of business.

Resolved, That the committee of arrangements are entitled to our praise and highest appreciation of their exertions to promote the comfort of the members and the best interests of the association.

Resolved, That to the physicians of Washington and Georgetown, and the faculty of Georgetown College we accord the homage of our sincerest thanks for their elegant hospitalities extended to the members from abroad, by which the pleasure of their sojourn here has been so greatly enhanced.

Resolved, That we feel assured that the impressions on the tablet of memory received here, in our national metropolis, in this the first year of the second decade of the association, will long remain an evidence of the urbane attentions received not only from the Chief Magistrate and other public functionaries of our glorious Union, but of private citizens and the community at large.

Resolved, That the manifestations of union of heart and purpose in the action of this session inaugurate a new era, and call for devout acknowledgment to Divine Providence, and presage, as we trust, not only a bright future for the association. but also as contributing to the perpetuity and prosperity of our great national confederation.

On motion of Dr. Anderson, of New Jersey, it was unanimously resolved that the thanks of the medical association be presented to Rev. Dr. McGuire and the faculty of the College of Georgetown for their very cordial reception and entertainment of the association at the College yesterday.

On motion of Dr. Foster, of Tennessee, it was resolved that after 1860 Dr. Hamilton have the privilege of using his report on "deformities after fracture," published in the Transactions, for a work which he proposes to publish.

Dr. Duhamel, of Washington, moved that a committee be appointed to investigate and report upon the "National Hotel disease."

Dr. Foster, of Tennessee, opposed the appointment of such a committee, as did Dr. Boyle, of Washington. Dr. Duhamel withdrew his motion.

Dr. Gaston, of South Carolina, exhibited a new uterine supporter novel construction.

Dr. Campbell, of Georgia, was not aware, until he had just heard permission granted to Dr. Hamilton, that he had transgressed in republishing in a work a report which he had contributed to the transactions of the association. [Cries of " Regret it," "regret it."] He did regret it, and asked the sanction of the society ; which was granted.

The president appointed Drs. Miller, Antisel, and Garnet a committee to wait on the census bureau, as provided by the resolution of Dr. Sutton.

Dr. Dunbar moved a reconsideration of the vote appointing a committee to request the reinstation of Dr. Bailey, and Dr. Morgan seconded it, but, as Dr. Parker had been invited upon the platform, the motion was ruled out of order.

Dr. Parker's Chinese Hospital.

Dr. Peter Parker, ex-commissioner to China, was then introduced and received with applause. He exhibited some curious specimens of *calculi*, as the results of thirty-eight operations upon Chinese. They were of various shapes and composition, and weighed from a few drachms up to three, seven and eight ounces. His description of the operation by which these calculi were removed, was deeply interesting, and it was gratifying to learn that out of the thirty-eight patients all but five or six recovered perfect health.

Dr. P. proceeded to state that he has treated in China at the hospital under his charge, fifty-three thousand cases. Pictures of the most curious cases he had brought to this country, and they were on exhibition in the room below. At no very distant period he hopes to place in a permanent form the result of his labors, with illustrations. Among other cases, he had probably performed upwards of a thousand operations for cataract. On one day he operated in sixteen cases, the youngest being a mere child, and the oldest an old lady seventy-nine years of age. She came, led by a servant, submitted heroically to operations on both eyes the same day, and in a fortnight had her sight perfectly restored. In acknowledging a vote of thanks, Dr. Parker said he had among his patients all classes, from members af the imperial family down to beggars. His greatest difficulty had been to persuade his patients that he could not cure all diseases.

Dr. Dunbar claimed the floor, and urged the reconsideration of the vote appointing a committee to wait on the Secretary of the Treasury, and solicit the reinstation of Dr. Bailey.

Dr. Paine, of Virginia, opposed the reconsideration.

Dr. Tyler advocated it, and asked if this association was formed to wait on executive officers, and to dictate to them who they shall remove and who they shall appoint. Many gentlemen around him, he was assured, had voted for the resolution without due reflection, and he trusted with confidence in their sober second thought. The press and the profession, he felt confident, would denounce this association if it entered into the wide field of politics. It was instituted to promote the great cause of science, not to join issue with government.

Dr. Morgan also advocated a reconsideration. He was not a partisan. Although he resides in Washington, he has no personal acquaintance with the President or the Secretary of the Treasury, but he was confident that they would not have made the change without good reason, and it was not the mission of this association to criticise or attempt to change their views.

Dr. Palmer, after stating how little regard he had for the opinions of the press, inquired as to the present incumbent of the office. Is he capable?

Dr. Watson, of New York, said that Dr. Bailey had had his circulars out since his "rotation," and the subject had been twice before the Academy of Medicine, who have ignored it.

Dr. Burns, of Brooklyn, said that he was not a politician, and that he was a personal friend of Dr. Bailey, but he hoped that the vote would be reconsidered.

A member from California related his experience there on a question as to the superintendent of a lunatic asylum. In his opinion the less the association had to do with politics, or with expressions of opinion on political appointment, the better.

Dr. McNulty, of New York, said that the question had been twice before the New York Academy of Medicine, and twice been voted down. The present incumbent, whom it is sought to oust, is a German by birth and education. He can read the invoices in whatever European language they may be sent, and he makes his own analyses, which it is reported the ex-inspector did not do.

After some "parliamentary" skirmishing, it was decided to re-consider by a vote of 51 ayes to 32 noes. And, on motion, the subject was then indefinitely postponed.

The association then took a recess of two hours, for dinner.

Evening and closing session.

The association was called to order at 5 o'clock P. M., by Dr. Sutton, one of the vice presidents, who took the chair.

The amendments to the constitution, proposed at the annual meeting in Nashville, had been made the special order. They were

1st. Amend the third article of the constitution, in relation to meetings, by inserting after the words "first Tuesday in May," the words "or the first Tuesday in June;" and also inserting after the words "shall be determined," the words "with the time of meeting." 2d. In article 2, omit the words "medical colleges," and also the words "the faculty of every regular constituted medical college, or chartered school of medicine, shall have the privilege of sending two delegates."

Each amendment was separately discussed, and each was lost by a large vote. An amendment proposed at Philadelphia in 1856 providing for the establishment of a permanent secretaryship was lost by a vote of 53 ayes to 84 noes.

On motion of Dr. Foster, of Tennessee, the secretary was directed to collect all the by-laws, and have them printed in the next volume.

An attempt was made to introduce a motion endorsing the accoustics and ventilation of the new Capitol extensions, but it was ridiculed by Dr. Sayre, and was withdrawn.

Various additional votes of thanks were passed, and, at ten minutes of seven, the association adjourned *sine die.*

THE N. H. MEDICAL SOCIETY held its annual meeting at Concord on Tuesday, June 1st, DR. GEO. B. TWITCHELL, of Keene, presiding.

The following gentlemen were elected members of the Society:

ALPHEUS B. CROSBY, M. D., of *Hanover.*
JESSE P. BANCROFT, M. D., of *Concord.*
BENJAMIN F. SKINNER, M. D., of *Enfield.*
GEO. T. BRICKETT, M. D., of *Alexandria.*
E. PROCTOR PIERCE, M. D., *Winchester.*
H. B. FOWLER, M. D., of *Bristol.*

ARTEMAS H. CARR, M. D., of *New Hampton.*
JAMES M. EMERSON, M. D., of *Barnstead.*
JOHN H. SANBORN, M. D., of *Meredith Village.*
FRANK HALEY, M. D., of *Tamworth.*
EBENEZER H. DAVIS, M. D., of *Manchester.*
THOMAS WHEAT, M. D., of *Manchester.*
HENRY BOYNTON, M. D., of *Hollis.*
GEO. P. GREELEY, M. D., of *Manchester.*

Upon the recommendation of the Council, a Committee of three were appointed by the President to rcport upon the state of the Finances, consisting of Drs. P. A. STACKPOLE, L. M. KNIGHT and C. P. GAGE. Drs. COMINGS, HUBBARD and SMALLEY, were appointed a committee to audit the Treasurer's account.

Committee on Nominations.

Drs. J. C. EASTMAN, L. M. KNIGHT, L. G. HILL, ALBERT SMITH, A. M. CAVERLY, E. R. PEASLEE, ALVAH MOULTON.

The report on Surgery was read by Dr. SMALLEY, and referred to the Committee on Publications.

At 12 o'clock the President's Address was delivered and referred to the same Committee.

A communication was received from the Indiana State Medical Society which was read and and referred to a Committee consisting of Drs. COMINGS, FITCH and HUBBARD.

A verbal report from the Delegates who attended the American Medical Association, was made by Dr. HUBBARD.

The report on Practical Medicine by Dr. W. H. THAYER was presented by the Secretary, who, by vote of the Society, gave an abstract, when it was referred to the Committee on Publication.

The Committee on Epidemics reported as not prepared and was continued.

The Committee on revision of By-Laws made a report, containing several amendments, which was accepted and the amendments acted upon separately, and it was voted to recommit them to the same Committee for the publication of a revised edition.

The Committee on nominations reported the following list of Officers, who were duly elected :

President—NOAH MARTIN, M. D.
Vice President—JAMES B. ABBOTT, M. D.
Secretary—WM. W. BROWN, M. D.
Treasurer—LUTHER M. KNIGHT, M. D.

Councillors.

C. P. Gage,
Wm. Leighton,
S. Bunton,
J. P. Whittemore,
G. A. Phelps,
John Clough,
Oliver Goss,
E. G. Moore,
T. J. W. Pray.
Wm. B. Stevens.
T. M. Gould,
A. M. Caverly,
J. R. Smiley,
Samuel W. Roberts.

Delegates to Dartmouth College.

Paul A. Stackpole, Josiah C. Eastman.

Orators for 1859.

John L. Sweat, M. D. Wm. Leighton, M. D.

Substitutes.

Samuel A. Richardson, M. D. Albert G. Fenner, M. D.

Delegates to the American Medical Association.

Silas Cummings, N. W. Oliver, E. K. Webster, A. M. Caverly, Dixi Crosby, R. P. J. Tenney, J. S. Fernald, C. P. Gage, J. C. Eastman.

Standing Committees.

On Surgery—William D. Buck, M. D.
On Practical Medicine—Samuel W. Roberts, M. D.
On Obstetrics—Dixi Crosby, M. D.
On Epidemics—F. P. Fitch, M. D.
On Publications—W. W. Brown, Geo. H. Hubbard and E. K. Webster.
Of Arrangements—Ezra Carter, A. A. Moulton and L. M. Knight.

The following resolution reported by the Committee on Financial Affairs was adopted :

Resolved, That, in order to remedy the embarrassed condition of the Treasury, the Treasurer will pay no hotel expenses of members after this date except an annual supper.

The excuse of Dr. Bunton for his non-appearance as one of the orators was accepted, and he was requested to furnish an Essay next year.

Dr. Ham, of Dover, read a long disertation on Debility, which was referred to the Committee on Publications.

The Committee appointed last year to memorialize the Legislature in relation to a law for the proper registration of Births, Marriages and Deaths, made a verbal report and was continued.

The report of the Delegates who attended the examination at Drrtmouth College was read and accepted.

On motion of Dr. Twitchell it was voted that the original Charter of this society, and a list of its Presidents, be printed with the new edition of the By-Laws.

Dr. Comings, from the Committee to consider the circular from the Indiana State Medical Society, reported a recommendation that the Secretary be instructed to exchange copies of our Transactions and By-Laws with the Indiana State Medical Society.

On motion of Dr. Fitch, Drs. Geo. Sanborn, S. L. F. Simpson, and T. J. W. Pray, were added to the committee to procure a modification of the registration laws.

On motion of Dr. L. G. Hill,

Resolved, That the Secretary be instructed to procure a book or register in which the Fellows may record the time and place of their birth and graduation and residence.

Dr. Leighton read a paper on Carbuncle, which was referred to the committee on publication.

The remainder of the session was occupied in the relation of important cases, and in discussions upon professional subjects, and after a lengthened and profitable session, the Society finally adjourned on Wednesday, at one o'clock, P. M.

We regard the action of the Society at this meeting as vastly more important than at any previous anniversary. Important alterations were made in the By-Laws, which cannot fail to add to the practical efficacy of the Society, and the resolution which cuts off the tavern bills which have heretofore crippled its financial affairs, will leave the treasury in a prosperous condition.

The papers read before the Society were of a very creditable character, and we feel that our forth coming volume of Transaction will fully equal any of previous years.

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FRACTURE OF THE CORONOID PROCESS.

BY FRANK HASTINGS HAMILTON, BUFFALO. N. Y.

Dissections have established the possibility of this fracture, as a simple accident in the living subject ; but I have not myself seen any example of which I can speak positively. In the two following cases, the existence of such a fracture was at first suspected, but I have now very little doubt but that my diagnosis was incorrect. I shall relate them, however, as examples of those accidents which are likely to be mistaken for fracture of this process.

A laboring man, aged about twenty-five years, had been seen and treated by another surgeon, for what was supposed to be a simple dislocation of the radius and ulna backwards. The surgeon thought he had reduced the dislocation very soon after the accident. On the following day he found the dislocation reproduced, and he requested me to see the patient with him. The arm was then much swollen, but the character of the dislocation was apparent. By moderate extension, applied while the arm was slightly flexed, and continued for a few seconds, reduction was again effected ; the bones returning to their places with a distinct sensation ; but on releasing the arm the dislocation was immediately reproduced. These attempts to reduce and retain in place the dislocated bones were repeated several times during this day, and on subsequent days, but to no purpose, and the patient was dismissed after about two weeks with the bones unreduced.

The impossibility of retaining the bones in place, and the existence of an occasional crepitus during the manipulation, inclined me to believe at the time that the dislocation was accompanied with a fracture of the coronoid process.

Another similar case has since presented itself in a child nine years old, and in which the subsequent examinations not only demonstrated the non-existence of a fracture, but also rendered doubtful the justness of the conclusions which I had drawn in the case just related.

This lad fell, Nov. 4, 1855, and his parents immediately brought him to me; but as he lived many miles from town, I did not see him until eighteen hours after the injury was received. I found the arm much swollen, slightly flexed and proned. Flexion and extension of the arm were very painful; the pain being referred chiefly to the front of the joint, near the situation of the coronoid process; and at this point also there was a discoloration of the size of a twenty-five cent piece. Flexing the forearm moderately upon the arm and making extension, the bones came readily into place, but without sensation of any kind, either a snap or a crepitus. That the bones had now resumed their position, however, I made certain by a very careful examination with the hand and by measurement; yet they would not remain in place one moment when the extension was discontinued. The reduction was made several times, and constantly with the same result. We then applied a right-angled splint to the arm, having first reduced the bones, and thus were able to retain them in position. I believed that the coronoid process was broken, and so informed the surgeon to whose care the boy was returned.

Five months after, he was brought again to me, and I then found that the radius and ulna had been kept in place: the motions of the joint were perfect, and if the coronoid process had ever been broken, it was now again in its natural position, and with every structure about it in a condition as complete as it was before the accident. For myself, I do not believe that so perfect a union of this process can happen—at least in a case where, as must have been the fact in this example, the separation and displacement of the process are such that it no longer offers an obstacle to the dislocation of the ulna backwards and upwards.

Malgaigne thinks that the fracture is more frequent than the small number of reported examples would lead us to suppose, especially because he has noticed how often the summit of the process is broken off, when dislocation of the radius and ulna backwards are produced artificially on the dead subject. In three or four cases, also, of dislocations of these bones backward and inward, which had come under his notice, he was unable to feel this process, and he therefore thought it probable that it was broken off. Other surgeons have thought, also, that it was a not infrequent accident; and they have constantly made use of this supposition to explain those cases in which, the radius and ulna having been dislocated backwards, would not afterwards remain in place when well reduced. Ferguson has indeed made the extraordinary statement in relation to dislocations of the radius and ulna backwards generally, that in these cases " the coronoid process will probably be broken."

But in my opinion, these fractures are exceedingly rare; and I think these gentlemen need to have furnished some more conclusive evidence of the correctness of their opinions, than can be found in their writings, or in the writings of any other surgeons, which I have seen.

Malgaigne mentions three reported examples, namely: one published by Combes Brassard, an Italian surgeon, in 1811, which Brassard saw only after a lapse of three months; one seen by Penneck, and published in the Lancet in 1828, the patient then being sixty years old and the accident having occurred while he was a young man; the third was seen by Sir Astley Cooper, several months after the accident, and is reported by himself in his excellent treatise on Fractures and Dislocations. Says Mr. Cooper, " It was thought, at the consultation which was held about him in London, that the coronoid process was detached from the ulna." This was the only living example seen by Mr. Cooper in his long and immensely varied surgical practice; and even here we cannot fail to notice the apparent reserve with which he expresses his opinion — " It was thought at the consultation."

To these examples our own researches have added a few others.

Dorsey says that Dr. Physick once saw a fracture of the coronoid process. The symptoms resembled a luxation of the forearm backwards, " except that when the reduction was effected, the dislocation was repeated, and by careful examination, crepitation was discovered. The forearm was kept flexed at a right at a right angle with the humerus. The tendency of the brachieus internus to draw up the superior fragment, was counteracted in some measure, by the pressure of the roller above the elbow. A perfect cure was readily obtained." (1.) In 1830 Dr. Wm. M. Fahnestock reported a case occurring in a boy, who, having fallen from a hay mow, received the whole weight of his body "on the back part of the palm of the left hand," whilst the arm was extended forwards. It seemed to be a dislocation of the forearm backwards, but when reduced it was again immediately displaced, with an evident crepitus. The arm was secured in the angular splint of Dr. Physick, and " recovered very speedily," (2.) Dr. Couper, of the Glasgow Infirmary also, has reported a dislocation of the forearm backwards and outwards occurring in a young man aged 17, and which he thinks was accompanied with this fracture. The dislocation was easily reduced, but returned again immediately on ceasing the extension. The fragment was not felt, nor does he speak of crepitus; the existence of the fracture being inferred from the fact that the bones would not remain in place without help. The forearm was placed across the chest, with the fingers pointing towards the opposite shoulder, and secured in this position with splints and a bandage. At the end of four weeks union had taken place, with only slight deformity, although with some stiffness of the joint.

In relation to this example, the editor remarks that the symptoms were not to his mind conclusive in determining the existence of a fracture of the coronoid process, and he inclines to the belief that it was rather an oblique fracture of the lower extremity of the humerus. " In cases like these," he adds, " where very rare accidents are suspected, we think that unless the diagnosis is clear, the leaning should always be the other way: we mean, that, *cæteris paribus*, the symptoms should rather be referred to the common than the ex-

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(1.) Dorsey, Elements of Surgery, vol. I, p. 152. Philadelphia, 1813.
(2.) Fahnestock, Amer. Jour. Med. Sci., vol. VI, p. 267.

traordinary injury. The contrary practice introduces a dangerous laxity in diagnosis." (1.)

In the American Medical Monthly for October, 1855, also, I find the report of a trial for malpractice, in which a lad nine years old received some injury about the elbow joint which resulted in a maiming. The defendant claimed that there had been a dislocation of the forearm backwards, accompanied either with a fracture of the trochlea of the humerus, or of the coronoid process of the ulna.

Dr. Crosby, of Dartmouth College, testified that he had never met with a fracture of this process, yet he would not say that it did not exist in this case. He was not able to decide positively. Dr. Peaslee, of the same college, thought it altogether probable that it had been broken, and Dr. Spaulding was of the opinion fully that it had been broken.

The jury did not agree, and a non-suit was finally allowed by the Court.

The defendant in his report of the trial seems to me to have justly complained that Mr. Furguson has said, that in a dislocation of the forearm backwords " the coronoid process will probably be broken." This was urged in the trial by the plaintiff 's counsel as contradicting the medical testimony, and as evidence of a conspiracy on the part of the surgeons to defeat the ends of justice; since they constantly affirmed that the accident was so rare as not to have been reasonably expected, and that a failure to look for or to discover it did not imply a lack of ordinary skill or care. (2.)

Says Mr. Liston, " the coronoid process is occasionally pulled or pushed off from the shaft, more especially in young subjects. I saw a case of it lately, in which the injury arose in consequence of the patient, a boy of eight years, having hung for a long time from the top of a wall by one hand, afraid to drop down;" (3.) after whom, Miller, Erichsen, Skey, Lonsdale, and most of the Scotch and English surgeons have repeated the assertion that this process may be broken in this manner by the action of the brachialis anticus alone, yet no one of them has to this day seen another example.

The explanation of the accident in the case of the boy, given by

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(1.) Couper, Lond. Med. Chi. Rev., New Ser., vol. XI., p. 509.
(2.) Op. cit., vol. IV., p. 339.
(3.) Liston, Practical Surgery, p. 55.

Liston, implies two anatomical errors; first, that the coronoid process is an epiphysis during childhood: and second, that the brachialis anticus is inserted upon its summit. The coronoid process is never an epiphysis, but is formed from a common point of ossification with the shaft; the olecranon process and the lower extremity of the ulna having also separate points of ossification. Moreover, the brachialis anticus has its insertion at the base of the process and partly upon the body of the ulna, but in no part upon its summit: indeed, the process seems rather to be intended as a pulley over which the brachialis anticus may play; resembling also, somewhat, in its function, the patella; serving to protect the joint and perhaps the muscle itself from becoming compressed in the motions of the joint. Certainly it could never have been broken by the action of this muscle, and the case mentioned by Mr. Liston must find some other explanation. It may have been a rupture of the brachialis anticus itself, or of the biceps, or possibly a forward luxation of the head of the radius. Either of these suppositions are more rational than the statement made by Mr. Liston, because either of them is possible, while his supposition is impossible.

These, if I except my own, constitute all of the supposed examples seen in the living subject, of which I find any record; eight in all.

The two first were not entirely satisfactory to Malgaigne; the third is spoken of cautiously by Sir Astley Cooper, as if it needed, in addition to his own great name, the endorsement of the "London counsel." Dorsey reports his case upon hearsay, and the result is quite too satisfactory to give it much claim to credibility. Fahnestock's case is to our mind far from being fully proven. Couper's case is doubted by Dr. Johnson; and the New Hampshire case was not made out satisfactorily to either the jury or the medical men. Listons case was simply impossible.

Certainly it is not upon such testimony as this that we can rely to sustain Mr. Ferguson's opinion that it is likely to occur in all dislocations of the forearm backwards, or of Malgagne's conjecture that it is of more frequent occurrence than the published cases would seem to show. Nor will it be regarded as conclusive, that the beak of the process is often found broken after luxations made upon the subject; since between luxations thus produced and luxations occurring in the living subject there exists this important difference: that in the case of the latter, muscular action is the principal agent in the production of the dislocation, while in the former it is the external force alone which drives the bone from its socket.

The fact, therefore, that so few cases have ever been reported, and that most of these are far from having been clearly made out, remains presumptive evidence that the actual cases are exceedingly rare; but if to this we add such negative evidence as is furnished by actual dissections, and by examinations of the pathological cabinets of the world, we think the testimony is almost conclusive.

Only four specimens have been mentioned by any of the surgical writers known to me. Sir Astley Cooper says that a person was brought to the dissecting room at St. Thomas Hospital, who had been the subject of this accident. "The coronoid process, which had been broken off within the joint, had united by a ligament only, so as to move readily upon the ulna, and thus alter the sigmoid cavity of the ulna so much as to allow in extension that bone to glide backwards upon the condyles of the humerus." (1.) Mr. Bransby Cooper adds in a note that the external condyle of the humerus was also broken and united by ligament.

Samuel Cooper describes, rather obscurely, a specimen contained in the University College Museum "in which the ulna is broken at the elbow, the posterior fragment being displaced backwards by the action of the triceps; the coronoid process is broken off; the upper head of the radius is also dislocated from the lesser sigmoid cavity of the ulna, and drawn upward by the action of the biceps. In this complicated accident, the ulna is broken in two places." (1.)

Malgaigne says that Velpeau has also established by an autopsy the existence of a fracture of the coronoid apophysis, but without having given any further particulars in relation to the case. (2.)

In addition to these examples, Charles Gibson of Richmond, Va., has stated to me by letter that he has in his possession a specimen of this fracture, evidently belonging to an adult. The process was broken transversely near its extremity, and has united again quite closely and without any displacement, and without ensheathing callus.

(1.) A. Cooper, Dislocations and Fractures, p. 411.

We must subject these specimens to analysis also. The two first were complicated with other fractures, and the second, especially, seems to have been a general crushing of all the bones concerned in the formation of the elbow joint: neither of them could have been occasioned by contractions of the brachialis anticus, while only that one described by Sir Astley Cooper could have been the result of a dislocation of the forearm backwards. Of the specimen said to have been seen by Velpeau, I am unable to speak without more circumstantial knowledge of its condition. Nor can I speak very confidently of that belonging to my distinguished friend, Dr. Gibson, of Virginia. Notwithstanding the respect which I entertain for his opinion, I cannot avoid a suspicion that the bone was never broken at all, since I find it more easy to believe that he is deceived by certain appearances, than that it should have united by bone again, and so perfectly as not to leave any line of separation or degree of displacement. Certainly the fracture was too high to have been produced by the action of the muscle, if such a thing were ever possible; and if broken by a dislocation, which must have forced it violently from its position, as the ulna was driven upwards, it is to me incredible that it should ever be made to unite again so perfectly.

We are therefore left as before with no evidence that the coronoid process was ever broken by the action of a muscle, and with only a single example in which it is probable that the fracture occurred as a consequence of a dislocation of the radius and ulna backwards. If then it does happen that in this dislocation it is pretty often found difficult or impossible to retain the bones in place without aid, it will be the part of prudence to ascribe this troublesome circumstance to some more common accident than a fracture of the coronoid process: perhaps to a fracture of some portion of the lower end of the humerus, or to a disruption, more or less complete, of the tendons of the biceps and brachialis anticus, together with the ligaments which surround the joint.

Causes. It is probable that this process will be sometimes broken in a fall upon the palm of the hand; the force of the blow being received directly upon the lower end of the radius, and through its numerous muscles and ligamentous attachments being indirectly conveyed to the ulna, producing a violent concussion of the coronoid process against the trochlea of the humerus, and resulting finally in a fracture of this process and a dislocation of both bones of the forearm backwards. The gentleman seen by Sir Astley had fallen upon his extended hand whilst in the act of running. Brassard's patient had fallen also upon his hand with his arm extended in front. Penneck's patient, an old man of sixty years, had fallen upon the palm of his hand, and Fahnestock's fell upon the " back of the palm." In no other case is the point upon which the blow was received particularly mentioned. In two of the examples mentioned by Malgaigne there was a luxation of the forearm backwards; such was also the fact in the case seen by Fahnestock; in Couper's case it was dislocated backwards and outwards, and in Sir Astley's case I infer that there was only a subluxation of the ulna backwards.

We know of no other causes, therefore, than such as equally tend to produce dislocations at the elbow joint, unless we except direct, crushing blows, which of course may break the bones at any point upon which the force happens to be applied.

Symptoms. Partial or complete displacement of the ulna, or of the radius and ulna backwards, accompanied with the usual signs of these luxations; to which may be possibly added crepitus, and it is fair to presume that in in some examples the fragment carried forward by being driven against the trochlea, may be felt displaced and movable in the bend of the elbow. Brassard affirms that it was so with the patient whom he saw. If only the summit is broken off, the brachialis anticus could have no influence upon it, but if it were broken fairly through the base, it might be displaced slightly in the direction of the action of this muscle.

The symptoms, however, which have been regarded as most diagnostic are the disposition to reluxation manifested in most of these examples when the extension has been discontinued; and also, epecially the fact that the olecranon was particularly prominent when the arm was extended, but that it resumed its natural position when the arm was flexed to a right angle. But I am unable to understand how either of these circumstances can be better explained upon the supposition of a fracture of this apophysis, than without such a supposition. If the reduction of both bones is once effected, even though the support of the coronoid process is completely lost, the head of the radius ought to prevent a reluxation unless the arm is disturbed again; nor can I understand why, when the elbow is bent, the reluxation is less likely to occur; since although in this position the humerus bears less directly upon the process, yet the difference in this respect must be very little, for in whatever position the arm is placed, so long as the radius retains its position the ulna cannot be drawn very forcibly against the humerus; while on the other hand by flexing the arm the power of the biceps, and of such fibres of the brachialis as remain attached to the ulna, to aid in the maintainance of reduction, is completely lost; and at the same moment the resistance, and consequent power of the triceps to produce the luxation, is greatly increased.

In short, we must confess that we are here, also, notwithstanding the confidence with which writers have spoken of the signs of this accident, very much in doubt; nor do we see how these doubts can be removed until we have in detail the symptoms of at least one example, the indubitable existence of which has been subsequently verified by dissection.

Prognosis. In the case of Cooper's patient, seen several months after the accident, the ulna projected backwards while the arm was extended, but it was without much difficulty drawn forward and bent, and then the deformity disappeared. He thought that during extension the ulna slipped back behind the inner condyle of the humerus. Brassard's patient, seen after three months, retained the power of pronation and supination, with also extension, but flexion was completely impossible, the forearm being arrested in this direction by the small, slightly movable fragment of bone in front of the elbow joint, and which was supposed to be the process itself. Penneck's old man, who had met with the accident in boyhood, had still the radius luxated forward and outward, and the olecranon more salient backwards than in the sound arm. Extension and flexion were nearly but not quite complete. Fahnestock informs us that his patient "recovered completely," but whether without deformity or maiming we are not told. Couper says the bone was united in four weeks and that only a slight deformity and a little stiffness remained. Physick's patient made a perfect recovery.

Let us come again to the dissections. Rejecting the doubtful specimen belonging to Dr. Gibson, we have an exact account of only two, and indeed, Sir Astley Cooper alone has described the mode of union. Samuel Cooper says that in the case of the University College specimen the radius is dislocated forward and upward, and the olecranon is displaced backwards, but he does not say whether the coronoid process has united, nor describe its position; but Sir Astley informs us that in the example seen and dissected by him the process was united by ligament, which was sufficiently long and flexible to allow the fragment to move upward and downward in the motions of flexion and extension.

In the absence of any other testimony we may be allowed to express an opinion that when the fracture has taken place across the summit or above the insertion of the brachialis anticus, nothing but a ligamentous union can be regarded as possible, since the fragment can only derive nourishment from a few untorn fibres of the capsule and perhaps of the internal lateral ligaments; and although it may not be displaced, it cannot have the advantage of impaction, upon which alone, I suspect, a fracture of the neck of the femur within the capsule must rely for a bony union, if it ever does so unite. If however, the fracture has taken place at the base, and fortunately it has not become much displaced by the force of the concussion against the humerus, it does not seem to me so imposible that under favorable circumstances a bone union might now and then occur. It will be remembered that a good portion of the attachment of the brachialis anticus is still below the fracture, and the remaining fibres are not therefore very likely to displace the fragment, especially when the arm is sufficiently flexed, so as to properly relax this muscle.

It will be of small importance, however, whether the union is bony or ligamentous, provided only there is not great displacement.

Treatment. Whatever view we take of the pathology of this accident, the rational mode of treatment would seem to consist in flexing the arm at a right angle, and retaining it a sufficient length of time in that position; not forgetting, however, the danger of anchylosis from long continued confinement in one position.

An angular splint may be useful in preventing motion at first, but

I think it ought not to be continued beyond seven or ten days at the most. After this, a simple sling is all that can be necessary, since from this period some motion must be given to the joint if we would take the proper precautions to prevent stiffness. Sir Astley Cooper thought the limb ought to be kept immovable three weeks, and Velpeau preferred four; but I cannot agree with them, believing that the question of the future mobility of the elbow joint is vastly more important than the question of a bony or ligamentous union between the fragments. Couper says that he adopted in the treatment of the case reported by him, extreme flexion, but both Physic and Fahnestock placed the arm at right angles, and Sir Astley Cooper has recommended the same position. The latter position has always the advantage in case permanent anchylosis occurs, and the former cannot add much to the chance of complete replacement of the fragment.

Bandages are only serviceable to retain the splint in place, and they may be thrown aside as soon as the splint is removed.

Note. While this paper is going to press, I have met with the following two additional reported examples of fracture of the coronoid process:

"Thomas Jenkins, admitted to the New York City Hospital, Feb. 5, 1850, having fallen, a few hours before admission, from the roof of a building to the ground, a height of thirty feet. Both bones of the right forearm were dislocated backwards at the elbow; the right radius had also sustained a comminuted fracture of its head and of its lower extremity, the head being completely detached from the articular surface of the os brachii. Besides this injury, there was *a fracture of the coronoid process of the right ulna*, a comminuted fracture ef the left radius, fracture of the left ulna, compound fracture of the right patella, and compound fracture of the skull at its base and above it, with laceration of the dura mater and brain; under which injuries the patient soon expired."—*Lente's Hospital Reports. N. Y. Jour. Med. &c., New Ser. vol. V. p.* 25. *July* 1850.

"Terrance O'Brian, æt. 16, was admitted to the Brooklyn Hospital Aug. 13, 1856. In attempting to pass his hand over a pulley connected with some machinery. his arm was caught, and he was drawn over the shaft, producing a compound dislocation at the elbow joint, a fracture of the inner condyle of the humerus, and a fracture of the coronoid process of the ulna. The lower end of the humerus protruded through the skin in front of the joint, two inches. The dislocation was reduced the arm placed upon an angular splint, and cold water dressings applied. At the end of about seven weeks, the wounds were granulating nicely, and the surgeon felt assured that the limb would be saved, and he hoped also that some motion in the joint would be obtained.—*Enos' Brooklyn Hospital Reports; N. Y. Jour. Med. &c.. Third Ser. vol. II, p.* 98. *Jan.* 1857.

The first of these examples does not appear to have been proven by a dissection, although the man died.

The second example lacks also this same important testimony; and indeed the report is too brief and loose to inspire full confidence in its accuracy. In neither case does the surgeon seem to have regarded the fracture of this process as an unusual circumstance, or as an accident of difficult diagnosis, and to substantiate which he would be expected to say more than simply that it had occurred. It must be noticed also, that if we admit these two as well proven examples of this fracture, they are neither of them examples of simple, uncomplicated fractures.

CASES OF TALIPES, OR CLUB FOOT.

[Communicated to the Boston Society for Medical Improvement.]

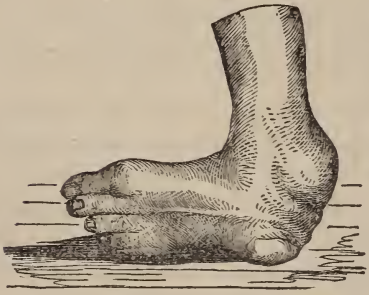
BY BUCKMINSTER BROWN, M. D.

Some time since, the original plaster casts of a case of talipes varus, in its severest grade, of which one of these on the table is a copy, were shown to this society, and at the same time the young man, whose feet at a former period of his life they represented, was present for examination.

At the suggestion of Dr. J. B. S. Jackson, new models have been taken, to be placed in the Cabinet. The case was brought forward at that time, not because the success which had attended the treatment was unusual, but simply as an instance in which had been performed one of the earliest operations for talipes in the United States, and the only one where an opportunity had offered for tracing the history of what had been an aggravated case of varus, after the lapse of such a number of years.

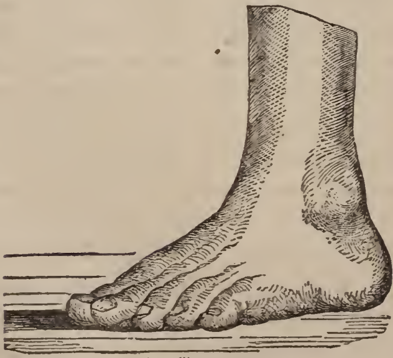
The case excited considerable interest in the society, and was regarded by many as a remarkable example of a complete cure of club-feet. This, however, was not the light in which it was viewed by Dr. Brown, Sen., who operated in the case, or by myself. We considered it of great interest as presenting an instance, some eleven or twelve years after its restoration, in which the strength of re-united or new tendon had been rigorously tested, and where the perfection and permanence of the cure was strikingly exemplified. It was originally double congenital varus in its worst degree. The smallest of the casts upon the table, marked No. 1., is an accurate model of both feet previous to treatment. They were precisely alike. (See figure I.) Locomotion was effected on the anterior extremity of the os calcis and the proper superior surface of the os cuboides, or, in other words upon the top of the foot. Upon examining the cast there will also be remarked as one of the most striking peculiarities the longitudinal doubling, or complete folding inward of the soles, forming a deep groove, by which the great and little toes are brought almost in contact; and likewise will be observed the prominence of the round head of the astragalus upon the dorsum of each foot. The large cast, No. 2, is the same foot taken twelve years after. (See figure 2.) The subject was examined by the members of the society at that time, and the faithfulness of the artists' representation can be attested by all who were present. The restoration was as complete as when he was first lost sight of by the surgeon. The feet were perfect, both in form and in freedom of action. They had become fully developed in bone and muscle, and somewhat exceeded in size an average foot. The patient had passed the intervening years at sea, performing duty as a sailor before the mast; and whether on land or sea, he stated that he had never experienced any inconvenience from his feet, and in appearance there certainly was no trace of the former distortion. He has more recently become mate of a ship.

Fig. 1.



Before Treatment.

Fig. 2.



After Treatment.

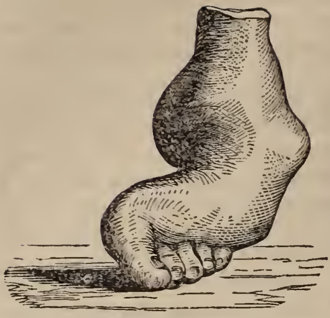
Since these casts were taken, (1854), old cases of cured feet have reported themselves more frequently. Among others, I would refer to a young man who had been treated when a child for single varus, but who came to Boston in 1841 with his difficulty still unrelieved. In this case, the tendo-Achillis was divided twice; the tibialis anticus, the tibialis posticus and the flexor longus pollicis each, once. The foot was completely cured. He has recently visited Boston, thirteen years having elapsed since his former visit. The foot which had been operated upon could not be distinguished from the one which had been always perfect. All the natural movements of the foot—flexion and extension, abduction and adduction—were freely and actively performed. He had finished his education as an engineer, and had been engaged in his professsion for a year or more. During the last eight months of the year 1856, he walked ten hundred and ninety miles, carrying his apparatus and wheeling his odometer. In a letter recently received from him, he says: "In respect to my foot, I can walk twenty-five miles a day, and while at work I would travel from twelve to twenty miles each day."

The cast marked No. 3 (see fig. 3) is the model of the left foot of a lad 13 years of age, who was under treatment some years since. A more formidable case ot distortion can hardly be imagined. If it were not identified by the toes, we could scarcely recognize it as the representation of a human foot. The metatarsus was doubled and twisted upon the tarsus in a most remarkable manner, forming, at the point of union, a sharp prominent ridge upon the top and side of the foot. The astragalus was luxated upward and outward, and very much diminished in size. The atrophy of this bone produced one of the greatest difficulties with which we had to contend in the treatment. In the process of cure, as the foot advanced toward its normal position at a right angle with the leg, it was almost impossible to retain the astralgus in its proper situation. It constantly slipped forward, tending to completely defeat the successful issue of the case. The toes were flattened backward to such an extent as to be partially in contact with the dorsum of the foot, the little toe being pressed back against the top of the metatarsal bone of the fourth toe. There was, in addition, a contraction of the left leg at an obtuse angle with the thigh.

The cast next to this, marked 4 (fig. 4), is the same foot after treatment. It will be observed that they are moulded with great accuracy, the one last taken exhibiting the wrinkles in the skin where it had formerly been stretched over the projecting astragalus and tarso-metatarsal prominences. It will also be seen that this does not represent a foot which is in all respects perfectly formed. When compared with its previous state, however, the improvement may be considered as being at least equal to the anticipations of the most sanguine.

It may be stated that the pencil sketches of the casts from which the annexed engravings were copied, were drawn with great exactness, and for truth of detail and finished execution can scarcely be excelled.

Fig. 3.

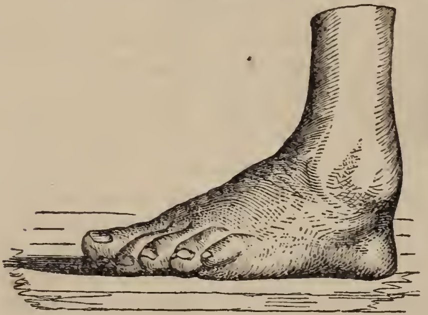


Before Treatment.

In the course of the treatment there were four sections of the tendo-Achillis. The union of this tendon advanced more rapidly than the foot could be proportionably straightened and only limited increased length of tendon could be acquired before firm union took place, presenting, after a short time, an unyielding obstacle to further progress. Re-division, therefore, became requisite to render continued extension possible.

Experiments upon animals, combined with previous experience. should be our guide in difficult and extraordinary cases. The former prove that divided tendon is reunited in about three weeks by a firm fibrous tissue, presenting considerable force of resistance, and that in five or six weeks it is perfectly continuous and inelastic. Still later, it becomes more solid than the original tendon.

Fig. 4.



After Treatment.

The other parts divided in this case were the tibialis anticus, the adductor pollicis, the latter twice, the flexor longus pollicis, and some fasciculi of the plantar fascia; also the semitendinosus, the semimembranosus and the biceps.

The treatment resulted in a complete restoration of the leg, and the foot is now, I have been informed, in a more perfect condition than is represented by the cast or the engraving.

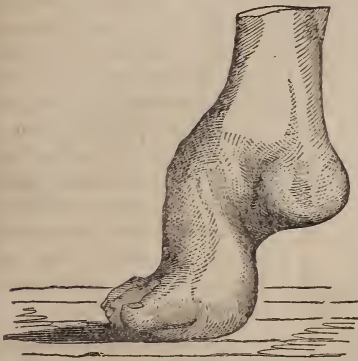
The third pair of casts (figs. 5 and 6) represent a case of equinovarus in which the patient walked upou the extremities of the metatarsal bones. The toes were pressed back, the metatarsus flexed and rotated upon the tarsus; the astragalus, as may be distinctly seen upon the model, were thrown out and projected upon the dorsum pedis, with the bones of the leg resting upon its posterior portion and upon the os calcis. The heel was elevated three and a half inches. The patient was a boy 11 years of age. The foot was discovered to be misshaped as soon as he began to walk, and was probably congenital equinus, converted by pressure in walking into equinovarus. He came to Boston in September, 1847, and consulted Dr. Inches, who referred him to me. The parts divided were an adventitious ligament, broad, thick and unyielding, which extended from the os calcis to the base of the great and second toes; this was formed, probably, from the plantar fascia—the flexor longus pollicis and the tendo-Achillis.

This case was remarkable not only for the severity of the distortion, but also, considering the age of the patient, for the unusual rapidity of the cure. The operation was done on the 22d of September, 1847. On the 30th, the toes were straight, the foot at a right angle with the leg, and the patient, for the first time in his life, could place his heel upon the floor. The plaster cast numbered 6 (fig. 6) is the same foot after treatment.

There is also upon the table for examination the daguerreotype of a clild, 4 years of age, from Cohoes, N. Y.

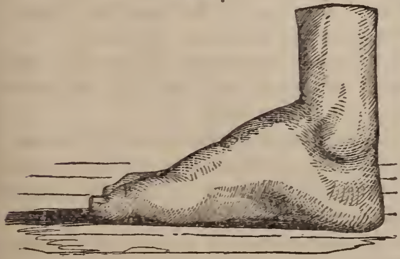
This portrait was recently forwarded in answer to inquiries concerning the state of the feet. They had previously been operated upon by a distinguished surgeon of Albany, but were a severe form of double varus when brought to Boston two years since. It gives the full length figure of the little boy, and the unerring impress of solar light represents the feet as perfect. An artistic response of this kind is certainly as graphic and satisfactory a reply to queries as the physician his or surgeon could desire.

Fig. 5.



Before Treatment.

Fig, 6.



After Treatment.

[Dr. Warren remarked that he had been in a position to see a great number of the cases operated upon by Dr. Brown, and also after treatment, and that he had truly been surprised at the perfection of the cures and the great care and unwearied attention by which this favorable result was accomplished. He thought it very important that all of this class of cases should be placed in the hands of some one or two of the profession who had given great attention to the subject, and who had the necessary variety of apparatus by which alone a successful issue could be obtained. He said that various cases were brought to the Hospital—poor patients, upon whom they felt obliged to operate, and that in a short time sores would appear upon the feet, and various other drawbacks wyuld occur, and before the patients left the institution the surgeons were heartily tired of the cases.

Dr. J. Homans remarked that he fully concurred with Dr. Warren respecting the the treatment of cases of this description by Dr. Brown.

Dr. H. having been a member of the Board of Trustees of the Boston Orthopœdic Association, had opportunities to witness the practice of the Drs. Brown. The results of these cases were generally successful, some of them surprisingly so. He had seen several of their cases in private practice, some very unpromising, attended with like success. It gave him pleasure to be thus able to testity to Dr. Brown's skill, and to the zeal and perseverance which he so constantly manifests. When we consider that this class of cases do not abound, it is desirable that they should be treated by a few only, whose experience and skill will be thereby increased, the necessary apparatus in all its variety be constantly on hand, and thereby the best results attained.—Secretary.]—*Boston Medical and Surgical Journal.*

The best way to oppose Homœopathy and its kindred Delusions.

By B. S. Woodworth, M. D., Fort Wayne, Ind.

It can not be disputed that various medical delusions, among which homœopathy is the most prominent, have within a few years been more widely diffused, and more generally believed by the "great vulgar," (and by the vulgar herd I mean all those ignorant of the science of medicine, however well informed they may be of other things,) than for centuries before. Various reasons have doubtless conspired to produce this state of things—the wonderful discoveries which have *really been* made and are every day being made in the arts and sciences, naturally lead the human mind, if not to accept as certain truth, at least not to disbelieve many things of the grossest absurdity. This is true of a vast majority of mankind, who, by reason of their ignorance of logic, and the proper way to investigate any science and art, and a profound ignorance of the great number of fallacies, which in almost any delusion, can easily be detected by the man who investigates it in the proper method, are easily duped by shallow charlatans, and readily believe in spiritualism, Fowlerism table-turning, and every other delusion—and according to my experience, the man who believes or practices one, believes and practices all of them more or less. And thus we always see that these homœopaths are very accommodating fellows, and are as ready to give you a touch of hydropathy, mesmerism, chrono-thermalism, or any other ism, as infinitesimalism. An " itinerant vagabond," (as Robinson called the Indiana Methodist clergy,) and his wife, in the course of their perambulations came to this city about two years ago, and *settled—located* as the Yankees say. They "reckoned" that this benighted land might be a paradise of quacks, and so they advertised jointly to cure all *incurable* diseases by their joint manipulations, charms, &c., &c., and last not least, that those who could not go to them, could be cured by " sending a lock of their hair." The astonishing success of these worthies, shows that they did *not* " reckon without their host," for they are still here, and flourishing like Green-Bay—cattle.

Perhaps, Mr. Editor, you may think it not in good taste to disparage one's adopted State, But I can not forbear to relate an anecdote to show you that " the schoolmaster is yet abroad out here as well as ' in yender ' "—an ex-member of the Legislature of Indiana who is a merchant in this city, and one well known in Cincinnati, made a speech in the late State Convention at Indianapolis, commencing thus: " Mr. Chairman, I want to make a few *dysentery* remarks for the consumption of the ——— party, and my *venereal* friends," I hardly need to add, that this individuals always patronizes the quacks, and believes in free trade—in whiskey, and is opposed to common schools. But I am digressing—although it be true that many of the diabolical practices and absurdities believed in and practiced by the regular faculty a couple of centuries ago, are done away with and forgotten, such, for instance, as the treatment of Charles II, described by Macauley, and familiar to most of your readers, though I will insert it: He says " the patient was bled largely, hot iron was applied to his head, a loathsome volatile salt, extracted from human skulls, was forced into his mouth—he felt as if a fire was burning within him." Although, I say, some of these therapeutics have become obsolete, others quite as absurd have taken their place, and are still in vogue. Down to a very recent period, physicians generally, and mankind almost universally, have believed in the *omnipotence* of drugs—still more so in this time of all quacks. It is a characteristic feature of the whole tribe, of whatever name. Surely homœopathy is no exception to this rule, for certainly a person of such excessive gullibility as to believe that the billionth part of nothing can have the slightest possible effect upon the human body, deserves to be called a *greater* believer in drugs than any other.

Now, the way that I propose to nullify homœopathists, to " take the wind out of their sails" is to make the people believe that it is what *we know* it to be, equivalent to nature, (when they *really* practice it,) and that we should honestly and plainly tell our patients that they require no drugs, in those cases (which really constitute a large majority of the cases we are called upon to prescribe for) when no medicine is wanted, and not resort to the common method of giving placebos, &c., which is so often practiced. I always abhorred the idea that the principal use of a physician was to prescribe drugs. Any vulgar fool can do this, as Professor Dewey used to say when the students threw stones and sticks of wood into the lecture room. A far higher and more important office of the physician, I consider to be, to keep the people from killing themselves with medicine, and to tell them how to live to prevent or avoid disease. It is for those intelligent members of the profession, whose reputations are established, to take the initiatory steps towards forming a better public sentiment on this subject. Let them explain to their patients and their families the pathology and everything connected with the case so nearly as may be done to non-medical men, and in a large majority of cases they will have no difficulty in convincing them of the justness of their views, and they will readily coincide. If he has the confidence of his patient, a physician can readily make the patient believe an absurd thing—then why not make him believe the truth. My personal experience goes to prove that it is generally best to tell your patient or friends *what* you prescribe, as well as what effect you expect to be produced by it.

I think that we have reason to believe that a considerable progress has been made in the right direction within a few years—although an eminent physician, four or five centuries ago wrote these two aphorisms, viz: "Sapiens et modestus medicus nunquam properabit ad pharmacum nisi cogente necessitate. Prudens et pius medicus cibis prius medicinal quam medicinis puris morbum expellere satagat." Yet, few believed or practiced such doctrines. We have one glorious example of a physician, at the commencement of the last century, who saw the truth, and taught it, though under a fanciful form. You will readily imagine that I mean Geo. Ernst Stahl, professor at Halle. Although Stahl was much abused and his doctrines ridiculed, the time is coming when that very practice will be the most popular. The doctrine of expectancy has never been a very popular one. The *human* animal has never had patience enough to wait a *reasonable* time to *recover* from disease. He must be *cured*, and the charlatan who promises to do it in the shortest time, is the one selected—and the doctor has got to give something *tangible* and *visible*, even if it be perfectly inert, to convince the patient. The writings of many of the most eminent physicians, within a few years, tend to show that the reign of the drugging system is drawing to a close—that the days of polypharmacy are over. The writings of Sir John Forbes, and especially his book entitled "Nature and Art in the Cure of Disease, published last year, deserve to be mentioned, first, as the most important contributions toward instilling doctrines which are considered incontrovertable, though they are by many, considered rather ultra. In ,our own country, Dr. Worthington Hooker, of New Haven, evidently deserves the palm; for unmasking quackery, and especially homœopathy, as well as trying to infuse into the regular system a more rational system of therapeutics. His prize essay, lately published, "Rational Therapeutics, or the comparative value of different curative means and the principles of their application," which takes for its motto a sentence extracted from the speech of Dr. A. A. Gould, at the annual meeting of the Massachusetts Medical Society, viz: "We would regard every approach toward the rational and successful prevention or management of disease, without the aid of drugs, to be an advance in favor of humanity and scientific medicine," shows, that while he would not ignore medicine to the same extent as Dr. Forbes, perhaps yet, that he is no believer in the common drugging system. The same thing is doubtless true as to Dr. Jas. Jackson, of Boston, whom I once heard Dr. Willard Parker call the best physician in the United States. Indeed we need not go out of our own State of Indiana to find such men, for we have many such choice spirits. If I mistake not, that excellent physician and estimable man, Dr. Reed, of Terre Haute, teaches such doctrines, or something not very unlike them, and if I have not misjudged, our friend and former neighbor, Dr. Kitchen, advocates the same truths. But why need we particularize farther. Perhaps a comparison of notes would show that *enlightened* physicians, the world over, are essentially agreed as to these things. Probably they might differ as to the propriety of trying to instruct or enlighten the public in reference to these things. Many, doubtless, consider it a useless task, a "casting of pearls before swine" to try to explain anything relating to medicine to non-medical persons, and in many cases it is *really* so, but still I can not but think that there is yet a large class that have enough common sense and reason to comprehend the truth, and imbibe it too. But whether *I* shall ever succeed in making *one* convert to these doctrines, I am myself thoroughly convinced of their truth, and so thinking, shall patiently work on.

REMARKS ON THE DECOCTUM ALOES COMPOSITION.

By Israel J. Grahame.

Read before the College, February 4th, 1858.

Although this is not an officinal of the U. S. P., it is occasionally prescribed by our physicians, and its preparation in accordance with correct principles, and in a manner that will present a mixture of uniform and elegant appearance, is a desideratum to every pharmaceutist. As made by the formulæ of the British Colleges, in all of which it is officinal, the Aloes, Myrrh, Saffron, Liquorice and Carbonate of Potassa, are boiled together with the water for a considerable time, and to the strained decoction thus obtained, the Compound Tincture of Cardamom is added.

By this process, while the virtues of the Aloes are very much impaired by the long boiling, and much insoluble extractive formed, the aromatic qualities of both the Saffron and Myrrh are nearly dissipated; and the result is a very turbid looking decoction, which continues to deposit long after the mixture is completed; and it is very doubtful whether the clear liquid produced after sufficient repose, possesses any of the purgative quality of the Aloes; the amount of this principle contained in it, is at all events very small. Consequent upon this, is the necessity of administering the medicine in large and nauseating doses, if the purgative effect is desired to be produced.

Considered apart from its therapeutic value, the inelegant appearance of the compound thus made and dispensed from our establishments, renders a change of formula desirable.

In view of these facts, I offer the following formula for its preparation, as more in accordance with the objects sought in the compound; and would also suggest the term "Mistura Aloes Composita," for adoption in the place of "Decoctum Aloes Compositum."

MISTURA ALOES COMPOSITA.

Take of Extract of Liquorice,	½ ounce.
Liquorice Root (in moderately fine powder,)	1 ½ ounces.
Carbonate of Potassa,	1 drachm.
Aloes, Myrrh,* and Saffron, (each in moderately fine powder,) each,	1 ½ drachms.
Compound Tincture of Cardamom,	6 ½ fluid ozs.
Distilled Water,	18 " "

Rub well together the Aloes, Myrrh and Carbonate of Potassa,—add the remaining powder, and mix all intimately. Having mixed the water and Compound Tincture of Cardamom, pour of this liquid on the compound powder, sufficient to dampen it,—pack moderately in a suitable displacer; and having placed over the surface a piece of perforated filtering paper, pour on the remainder of the liquid, and when it has ceased to pass, add water sufficient to make the filtering measure in all twenty-four fluid ounces.

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* The finest pieces of Myrrh in lump should be selected.

As thus prepared, the Compound Mixture of Aloes is a clear, rich, reddish brown liquid, possessing in a marked degree the characteristic properties of the compound.—*Journ. and Trans. of the Maryland Coll. of Pharm. June*, 1858.—*Am Jour of Pharmacy.*

REMOVAL OF WARTS BY CHROMIC ACID.

By I. L. Crawcour, M. D. etc.

In a late number of the "Medical Times and Gazette" appeared some experiments by Mr. Marshall, on the use of chromic acid. Two cases have recently come under my own observation, and the results have been very satisfactory. A gentleman called on me about three months ago, complaining of a wart on the top of his head; it was about the size of a twenty-five cent piece, and the extremity was rough and split vertically. He had suffered from it for several years, and it gave him a great deal of trouble, bleeding whenever he combed his head. I painted it thoroughly by means of a glass brush, with a saturated solution of chromic acid. The remedy produced little pain, the surface of the wart instantly blackened, and twelve days afterwards a scab fell off, leaving a clear reddish surface underneath, and perfectly smooth. I examined this gentleman's head a few days ago; the skin is now perfectly healthy, and hair is growing on it. About two weeks ago, another case presented itself, of a similar character. I applied the same remedy. The scab, however, has not yet separated, but I fully expect the result to be identical with the former. The advantage of this caustic is, that it leaves no scar, and does not destroy the hair-bulbs when applied to the scalp. Its influence is undoubtedly owing to the readiness with which it parts with its oxygen, yielding half of its oxygen when applied to organic substances, passing to the state of green sesquioxide of chromium—this being the most powerful oxydiser we possess. Its preparation is very simple. Make a saturated solution of bichromate of potash, and add strong sulphuric acid as long as any precipitate of chromic acid falls; pour off the supernatant liquor, and dry the residue on a tile or brick. I prefer filtering through a glass funnel partially filled with asbestos. In preparing it, caution must be used not to allow any organic substance, as paper or wood, to come in contact with it, as instant decomposition ensues. The solution I employ is one part chromic acid and one part water.—*New Orleans Med. News, Nov.*, 1857.

ON THE EFFICACY OF ROMAN CAMOMILE IN SERIOUS SUPPURATIONS.

By M. Ozanam.

The Roman camomile (*anthemis nobilis*), long disdained by therapeutists, is only mentioned in their treaties on materia medica as fit for soothing stomach-aches, gastric derangements, and for improving the appetite. Lemery calls its flowers emollient, digestive, carminative, resolutive, alleviating and strengthening. All these properties are very vague, and no one to my knowledge has discovered the great and precious virtue of camomile—that of preventing suppurations, when the evil has not advanced too far, and of drying them up when they have existed for a long time.

For this purpose the medicament is administered in large doses; an infusion of 5, 10, or even 30 grammes of flowers to one quart of water, to be drunk during the day until the cure is complete. Moreover, the remedy may be applied locally by means of compresses soaked in it. This sustains the medical action, but does not cause the principle effect, since that can be perfectly developed either with or without local application. Thus this property of camomile must be regarded as arising from a general action on the economy, and not as the result of a local action.

First Case.—(May and June, 1840.)—A man, aged 33. Phlegmonous erysipelas of the face and scalp. Five enormous abscesses denuding all the bones of the cranium, which were covered with a cap of pus; a sixth abscess was formed at the angle of the lower jaw; continuous delirium, and violent fever, (pulse 140), complete prostration of strength: employment of camomile the twenty-eighth day (30 grammes per day), suppuration increased for the first few days; I decreased the dose to 15 grammes, rapid diminution of suppuration; at the end of twenty days the patient left completely cured.

Second Case.—(July to November, 1849.)—A man, aged 35. Phlegmonous erysipelas of the foot, leg, and thigh. Fourteen successive abscesses, very soon communicating together, for the length of more than 60 centimetres (about 24 inches); denudation of the bones of the foot, of the tibia, and of the femur; enormous suppuration; and at the end of three months, the patient was in a completely cachectic state; amputation of the thigh was proposed as a last resource, but the patient refused. I then commenced the employment of the camomile (30 grammes per day); return of strength, progressive diminution of suppuration, the flesh was sustained by sytematic compression; cure at the end of six weeks without any other treatment.

Third Case.—(May, 1855).—A man, aged 26. Obstinate intermittent fever, of the Campagna of Rome, of nine month's standing: Crisis by an abscess on right flank, as large the head of a child two years old. I opened it with a bistoury; very abundant suppuration; camomile in large doses (30 grammes per day); after eight days, two violent fits of intermittent fever, which had disappeared to give place to a continuous fever from the time of the appearance of the abscess. The treatment was interrupted for a few days, and then resumed in the dose of 15 grammes per day; cured at the end of three weeks.

Fourth Case.—(December, 1855, January and February, 1856). A man of 22. Malignant typhoid fever; left pleurisy the twenty-first day; hæmoptysis and right pulmonary apoplexy the twenty-fifth day; suppurated right pneumonia the thirty-second day; expectoration of pus to the amount of 150 grammes per day; hectic fever with profuse perspirations: employment of camomile, in moderate dose, owing to the weakness of the patient, (15 grammes per day); and local applications to the chest; return of strength; progressive diminution af suppuration; cure at the end of twenty-five days.

This valuable faculty of drying up suppuration deserves to be tried on a large scale, for we have in medicine very few remedies efficacious in such cases. Chamomile, in large doses, will be indicated in the purulent diathesis of amputations, in puerperal fever, in phlegmonous erysipelas, in fact in every case in which it is desired to prevent too abundant or too long continued suppurations. Sometimes, as in the first case, the cure is preceded by a transient aggravation of the evil; this recrudescence, which is a medicinal effect, should not discourage, but shows only that the doses should be diminished so as to arrive a more general cure.—*Chemist*, March, 1858, from *Comptes Rendus.—Am. Journal of Pharmacy.*

SUBSTITUTE FOR LARD IN OINTMENT.

By James J. T. W. Smith.

In consequence of the objections to lard in the making of ointments, I was led to try an experiment, for the purpose of producing an ointment which would readily wash from a wound without the addition of soap or any other agency save water, of good consistency, not variable with change of temperature, easily miscible with substances soluble in water, and free from oxidation. As far as theory goes, I can see no evidence to show why the following formula could not be advantageously adopted :—

℞. Powdered Fuller's Earth.
Glycerine *aa* ℥j, *m*

The fuller's earth should be in an impalpable powder, and to produce this with the least degree of trouble, I place a quantity of the earth in a dish, and pour a little water on it. In a few minutes it is perfectly slaked. Place it in the oven to dry. When perfectly dry, powder it, and pass it through a fine sieve. Of this powder and glycerine take equal parts, and mix thoroughly in a jar with a palette knife, *without* the aid of heat. Its consistency is perfectly under the control of the operator, as he can modulate the quantities of the earth or glycerine to suit his purpose. The *healing* and *non-irritating* qualities of fuller's earth need scarcely be alluded to, but it appears to form an item in its favor. I may also state that it is easily miscible with fats, if required. This appears to be owing to the peculiar solvent action of the fuller's earth upon greasy substances. It will not be so liable to irritate as starch, on account of the healing properties of the earth. The subject is worthy of investigation; and if those interested in the subject would consider the matter, I have little doubt but that there may be merits found connected with the formula which at first sight may not appear.—*Pharm. Journal.*

NEW HAMPSHIRE JOURNAL OF MEDICINE.

MANCHESTER, JULY, 1858.

The American Medical Association at its late meeting at Washington City, manifested in many ways, its immense power. The very fact that nearly five hundred physicians, many of them the most eminent in the nation, had left their homes and patients to consult upon the welfare of their common profession, indicated that this was really the National Medical Congress of the country, and that itsa cts were considered the governing law for all physicians.

Taking cognizance as it does of all ethical as well as all literary matters which concern medical men, it has become a power upon which, if a man fall, he will be broken; but the man upon whom *it* shall fall, it will surely grind him to powder. This was well illustrated in the McClintock case which came directly and fully before the Association, on the second day of its session. There seemed to be no desire on the part of the Association to waste time upon this subject, and the apology of Dr. Reese was accepted on the first day, by a decided vote of those members who expected that the public apology of a member meant that he was "sorry and wouldn't do so again." But the next morning they found that they were dealing with an old fox whose apology only meant that he was sorry he had got into trouble and meant to get out of it by some sort of a nominal and evasive apology; for on entering the hall of meeting the May number of Dr. Reese's Journal was found plentifully distributed containing language highly offensive. Among other sentiments of an insolent character was the following:

> "For the part we have been constrained to take in this journal on the controverted subject, *se defendendo*, we owe our readers this apology. Having *done right* in certifying for our quondam friend, under the peculiar circumstances of the case, we resented the unmerited censures of our Philadelphia brethren, and their sympathizers at home, in terms sufficiently strong. Nor was there any occasion to announce that we would "do so again" in a similar case, for no similar case is probable, or even possible."

At the same time a printed request from Dr. McClintock asking to be restored to membership, was distributed among the members, and it was understood that his restoration would be pressed by his personal friends. In view of these facts we consider the action of the Association in forcing Dr. Reese to make a full and explicit written apology, from which he cannot escape, as entirely just and proper.

In this connection we may be allowed to allude to a sort of apology of our own, for the course of Dr. Reese in our April number. That article we founded on the presumption that Dr. Reese's statement of the case was strictly true. But we were sorry and mortified, when his letter of recommendation was read at Washington, to find it a very different affair from what he had represented it, and we formally enter our disclaimer of any sympathy with or for Dr. Reese in this matter. We feel that he has been properly, justly and we hope sufficiently punished.

The recommendation that a meeting of delegates from Medical

Schools be held at Louisville next year to devise means to raise the standard of Medical Education, indicates plainly that the Schools feel the power of the Convention, and that some progressive action must be taken by the Schools themselves or the Convention will act and they be forced to acquiesce.

Although much time was wasted in the discussion of subjects which ought not to come before the Convention, yet being permanently and satisfactorily settled, the discussion cannot be regretted.

Each succeeding year demonstrates more and more fully the value of this National Association. Its infancy has passed and it begins to manifest the strength and maturity which gives promise of many years of usefulness.

"THE INSTITUTES OF MEDICINE." We are in the receipt of a copy of the above named work, by Martyn Paine, M. D., Prof. &c., &c., &c. It is devoted to Physiology, Pathology and Therapeutics.

Under the first head, are discussed the Composition and Structure of Organic Beings the Vital Principle and its properties, the Philosophy of Life, the Mind and Instinct and their properties, the Functions, Vital Habit, Age, Temperament, Constitution and Idiosyncrasy, Races of Mankind, Sex, Climate, Habits and Usages, Relations of Organic Beings to External Objects, Death, &c.

Under the head of Pathology, the author treats of Causes, Symptoms, Morbid Anatomy, Inflammation, Fever, Nervous Congestion and Humoralism. The Therapeutical portion considers the several classes of Medicines and Remedial Agents, especially Bloodletting, to the consideration of which, is devoted 87 closely printed pages.

The Appendix of 140 pages, is devoted to the progress of Chemistry and Physiology and enquiries into several disputed Pathological Questions, (such as "Have Diseases undergone changes of Type within the last forty years, or have new ones appeared ?") and "Experiments to ascertain whether the quantity of Blood circulating in the Brain may be reduced artificially."

It would be impossible to review this immense book in less than a hundred pages, and to notice all its peculiarities, would occupy more space than we can well spare. It is a monument of the learning and industry of its author, and is full of valuable facts and profitable suggestions. It is very much more a philosophical work to be carefully read to discipline and improve the mind, than a text-book for authority or reference as a guide to practice. We cannot consider it as a book indispensably necessary to the student or young practitioner, but as one profitable to be read by every one who would enlarge his views of medical science. As such, we recommend it to our readers, feeling that they will be pleased and instructed by its perusal.

PATHOLOGY AND TREATMENT OF THE PARALYSIS OF MOTION. By J. P. Batchelder, M. D., of New York. This is a valuable Essay by the venerable President of the Academy of Medicine, detailing many cases of partial paralysis which were treated by his plan of educating the muscles of the paralized limb. Dr. B. believes that in many cases of Paralysis the muscles have "ceased to act from the habit of inactivity; and the mind, acquiescing from necessity or otherwise, contracts the habit of not communicating the necessary and appropriate stimulus to them through the nerves;" and in addition to the ordinary remedies adds education of the paralytic limbs.

AMERICAN PHARMACEUTICAL ASSOCIATION. We have the proceedings of this Association at its meeting held in Philadelphia in September 1857. The papers read before this body were of great value and we shall endeavor to transfer some of them to our pages. CHARLES ELLIS of Philadelphia is President, and W. J. M. GORDON of Cincinnati, Secretary.

THE COLLEGES.

Prof. SAMUEL H. DICKSON, of Charleston. S. C., has been elected to the chair of Practice in the *Jefferson Medical College*, of Philadelphia, lately occupied by the lamented Dr. JOHN K. MITCHELL.

DR. HENRY MILLER has resigned the chair of *Obstetrics* &c., and Dr. J. B. FLINT, that of *Surgery*, in the *University of Louisville, Kentucky*. Prof. B. R. PALMER, late of *Woodstock*, *Vt.*, is to succeed Dr. FLINT. Dr. CHARLES FRICK has been appointed to the Chair of *Materia Medica* and *Therapeutics* in the *University of Maryland*, lately occupied by PROF. MILTENBERGER, who takes the chair of Obstetrics, vacated by DR. THOMAS on account of failing health.

Prof. E. GEDDINGS has resigned the chair of *Surgery* in the *Medical College of South Carolina*, and is succeeded by Dr. J. J. CHISHOLM. The chair of *Institutes and Practice*, vacated by PROF. DICKSON is filled by the election of Dr. P. C. GAILLARD.

Dr. S. B. HUNT has resigned the chair of *Anatomy* in the *University of Buffalo* to be succeeded by Dr. NICHOLS.

Dr. JOSEPH JONES has been elected *Professor of Chemistry and Pharmacy* in the *Medical College of Georgia.*

Dr. J. C. NOTT has resigned the chair of *Anatomy* in the *University of Louisiana* and Dr. T. G. RICHARDSON, late of *Louisville, Kentucky* has been appointed his successors.

Dr. FRANCIS DONALDSON has been elected to the chair of *Materia Medica* in the *Maryland College of Pharmacy.*

Prof. AUSTIN FLINT has accepted the chair of *Clinical Medicine* in the *New Orleans School of Medicine.*

Prof. S. G. ARMOR has resigned the Professorship of *Pathology and Clinical Medicine* in the *Missouri University.*

THE JOURNALS.

The MEDICAL and SURGICAL REPORTER will be hereafter issued from *Philadelphia* instead of *Burlington, N. J.*, and Dr. Wm. B. ATKINSON is associated with Dr. S. W. BUTLER in its management.

The new Medical Journal started at *San Francisco, California*, called "THE PACIFIC MEDICAL AND SURGICAL JOURNAL," and edited by Drs. JOHN B. TRASK and DAVID WOOSTER, appears well and we wish it years of successful existence. Will the editors send us numbers 2 and 3.

DR. SANFORD B. HUNT has retired from the *Buffalo Medical Journal*, leaving it in sole charge of DR. AUSTIN FLINT, Jr.

We hear of a new "*Savannah Journal of Medicine*," but it has not reached this far north as yet.

We have the two first numbers of Du Docteur E. Brown-Sequard's new "*Journal de la Physiologie de L'Homme et des Animaux*," of which B. Westerman & Co., 290 Broadway N. Y., are agents. Price $5 a year.

We have received the first numbers of "*The Maine Medical and Surgical Reporter*," conducted by Drs. W. R. Richardson and R. W. Cummings, and published by *Sanborn & Carter*, Portland, Me. It appears first rate and we wish it many years of prosperity and usefulness. Terms, $3 a year in advance.

Books Received.—*Graham's Chemistry,—Lallemand & Wilson on Spermatorrhœa,—Bucknill & Tuke on Insanity*, from Lea & Blanchard, Publishers.

Forbes on "*Nature and Art in Disease*," and *Brodie on* "*Mind and Matter*," from S. S. & W. Wood, Publishers.

Married. In Bennington, July 11th, Dr John M. Rand, to Miss Orline A. Wilson.

Obituary.—The deaths of Benjamin Travers, Esq., F.R.S. Surgeon Extraordinary to the Queen, and Sir James McGrigor, formerly Director-General of the Army Medical Department, are announced in the British Journals. The former was 75 years of age, and the latter 87.

The venerable Dr. Robert Hare died at Philadelphia on the 16th of May, at the age of 97. He had for many years been in a state of mental imbecility.

Dr. William Gregory, Professor of Chemistry in the University of Edinburgh, and Dr. Robert Harrison, Professor of Anatomy in Trinity College, Dublin, better known as the author of the Dublin Dissector, both died on the 24th of April.

The death of the celebrated French physician, Chomel, is also announced.

Prizes of the Mass. Medical Society.

The Massachusetts Medical Society is authorized, by a donation from one of its members, to offer the sum of *one hundred dollars* for the best dissertation adjudged worthy of a prize on the following theme, viz.: "To what affections of the lungs does bronchitis give origin?" The above is open to physicians of every country. The latest article on the relations of bronchitis to other diseases of the lungs was written by Dr. W. T. Gairdner, of Edinburgh, in 1850. A review of the paper can be found in the *British and Foreign Medico-Chirurgical Review* for April, 1852. Each dissertation should be designatad by a motto, and accompanied by an envelope, superscribed with the motto, and containing the writer's name and address. The sealed packet, accompanying the successful dissertation, will be broken and the author's name announced at the annual meeting of the Society in May, 1859.

Dissertations for the above prize must be sent (post paid) to the Corresponding Secretary, Dr. Benj. E. Cotting, Roxbury, Mass., on or before April 15th, 1859.

J. B. Alley, *Recording* Secretary.

Medical Department
OF
DARTMOUTH COLLEGE.
HANOVER, N. H.

The Sixty-Second Annual Course of Lectures will commence on THURSDAY, August 5, 1858, and continue fourteen weeks.

Hon. ISAAC F. REDFIELD, LL. D.,
PROFESSOR OF MEDICAL JURISPRUDENCE.

DIXI CROSBY, M. D.,
PROFESSOR OF SURGERY, OBSTETRICS, AND DISEASES OF WOMEN AND CHILDREN.

ALBERT SMITH, M. D.,
PROFESSOR OF MATERIA MEDICA AND THERAPEAUTICS.

OLIVER P. HUBBARD, M. D.,
PROFESSOR OF CHEMISTRY AND PHARMACY.

EDWARD E. PHELPS, M. D., LL. D.,
PROFESSOR OF PRACTICE OF MEDICINE AND PATHOLOGICAL ANATOMY.

EDMUND R. PEASLEE, M. D.,
PROFESSOR OF ANATOMY AND PHYSIOLOGY.

☞ Fees payable in advance. For the Course, $50; Matriculation, $5, (paid but once); Graduation Expenses, $10.

E. R. PEASLEE, Secretary.

Hanover, June, 1858.

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THE NEW HAMPSHIRE

JOURNAL OF MEDICINE.

VOL. VIII. AUGUST, 1858. No. 8.

A NATIONAL AMERICAN MEDICAL LITERATURE.*

In our number for July, we submitted a review of Dr. Paine's "Institutes of Medicine;" and we have been happy to find a common sentiment prevailing in the periodical medical press of this country in favor of that work. This general testimony is strongly expressed, and the author carries the profession with him. This is creditable to us, considering that Dr. Paine occupies a ground in many respects opposed to the prevailing doctrines of the chemical and physical schools, and that a prophet is apt to be without honor in his own land.

We have thus resumed the subject of our author's writings, for the purpose of presenting a contrast, which is supplied by the London Medical Times and Gazette of May 22, and of rendering it a text for some comments upon the future policy as well as justice of the American medical profession in respect to those members who are disposed to labor for its honor and interests.

The article in the London periodical made its appearance very quickly after the publication of the late enlarged edition of the "Institutes," as early, indeed, as the earliest notice in the United States, and was evidently intended to give direction to the reviews that might subsequently appear in other journals. But of this intention it has signally failed in America—an omen which we hail with no little satisfaction. If anything, indeed, can prompt us to a better sympathy among ourselves, and a better sense of our own dignity, and arrest the encouragement which has been too often afforded to British writers to maglign us as a degenerate race, it will be the review which we are about to analyze.

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*No apology is necessary for occupying our pages with this long article. The justice of the views here expressed, both in relation to Dr. Paine's works and the English Reviewer, will be apparent to all.—[ED. N. H. JOURNAL OF MEDICINE.]

We intend, therefore, not only in simple justice to our own review of the "Institutes," and to others of the medical press in the United States, but as a stimulus to our professional apathy, to examine critically the entire notice which has been bestowed upon Dr. Paine's work by one of the leading European medical journals, and thus demonstrate the animus which would cripple American genius, and the method pursued, that British medical literature may perpetuate its sway over this continent. We premise, also, that in our capacity of critics, it is of no importance to us what may be the medical doctrines of a writer, and that we endeavor to judge of them entirely according to the ability with which they are illustrated and sustained—the "*ratio justifica*"—not in the least because they may happen to be in the minority, or because they are more or less opposed to such as we had ourselves entertained. There are too many creeds afloat among the acknowledged elite, to admit of any other rule of dispensing justice, or of advancing the interests of medicine.

The London Medical Times and Gazette begins its notice, by conceding that "*Dr. Paine is a learned and erudite man*"—an accumulation of epithets from which the reader would surmise that the residue of the notice would in some measure justify the introductory enconium, and more especially as the reviewer goes on to say that Dr. Paine "*is well acquainted with the medical literature of ancient and modern times.*" But what is thus apparently foreshadowed, is one of those expedients by which the false is made to put on the aspect of truth. Our confrere was invariably impelled to allow at once what appears so conspicuously upon the face of his author's writings, and through this admission conduct his readers to a more implicit belief in the truthfulness of his own perversions and misrepresentations.

Immediately, our cotemporary begins to execute his purpose (and as he evidently hopes, his author too), by garbling a preface, which consists of only four lines and a half—a model preface, but in the hands of the reviewer made the instrument of falsifying his author's work. Here is the whole:

"This work, as originally published in 1847, remains without change, as the author has seen no reason to modify any of his *doctrines.* An APPENDIX is now added, and the original *index*, as intimated in the first preface, is now extended in a second. Both therefore, should be simultaneously consulted." We have placed the word "*doctrines*" in italics, that our readers may attend to it proper import.

The reviewer, we say, proceeds immediately to garble this preface, with no other conceivable design than of misleading his readers; and we intend to show that it was not the result of carelessness or accident. "Whatever rolling years," says the reviewer, "as they pass away, may have added or taken from the edifice of medicine, affects him not. Writing in 1857, he says, in *three lines* of preface to the fourth edition of his Institutes, '*The work, as originally published in* 1847, *remains without change, as the author has seen no reason to modify any of his doctrines.*'"

It thus appears that the reviewer has suppressed that most essential word APPENDIX; nor does he anywhere intimate that this important and laborious addition has an existence. In that appendix, Dr. Paine has gone over the whole ground of discovery in physiology, morbid anatomy, organic chemistry, microscopy, and therapeutics, so far as discoveries within the decade have any bearing upon his "doctrines." These he discusses with his usual logical acumen, and with great commendation of the philosopher who have made the revelations. Always liberal, he also maintains his ground, not however by assumption, but by those processes of reason and that force of facts which have deterred his reviewer from examining a single one of his "doctrines." And, as an evidence of Dr. Paine's candor, it may be stated that he has completely renounced, in the appendix, his former objections to the illusions of the microscope, in consideration of the great improvements which this instrument has lately undergone; and he avails himself of its disclosures to settle those great questions which lie in the most hidden recesses of organization—the supposed identity of the primordial cell, and the boundary line between the animal and vegetable kingdoms; and he converts these revelations of the microscope to a farther advancement of his doctrines of life. The new or second *index*, too, a work of prodigious labor, extending over 126 page of small type, and embracing an epitome of the whole work, is ignored by the falsified preface. But this is comparatively unimportant with the obliteration of the appendix. It should be said, however, that the author has substituted a preface more explanatory and less liable to perversion than the original.

Next to the complete silence which is observed in regard to the appendix, as an evidence of the reviewer's animus, is the statement that the preface consists of three lines only; from which it is farther evident that the reviewer intended to establish the belief that no addition had been made to the "Institutes" since 1847.

The reviewer having thus perverted the preface, makes it the interpreter of the whole work, and exclaims, that "to hear an inhabitant of the chief city of go-ahead Yankee land speak thus, is astounding." Does the reviewer, then, mean that the science of medicine, the great principles in physiology, pathology and therapeutics which are the subjects of Dr. Paine's volume, has become such a fluctuating, worthless department of philosophy, that its "doctrines" are liable to undergo changes through every consecutive ten years. We trow not, but that the reviewer is still urging his purpose of improving the belief that Dr. Paine is either ignorant of the recent discoveries of facts, or spurns them from his presence. No—he is no philosopher who regards the developments of a few brief years as capable of shaking a fabric founded upon living nature, and reared by the experience of all preceding ages. The greatest of all discoveries in physiology since that of Harvey's, has introduced no "doctrines" that are in the least incompatible with such as had swayed the best minds for ages before. It has only led to a distinct exposition of the laws of the nervous system, and their application to the healing art. It is only true, also, that the vast accession of facts within the last ten years, has or should have given a more stable direction to medical philosophy—the very thing, however, which the reviewer would seem to deny. True, it has opened a wide door to speculation. But shall "a learned and erudite man, well acquainted with the medical literature of ancient and modern times," be denounced and insulted because he happens to give a different interpretation to the facts from that of his reviewer, especially when no impartial reader will deny that his reasoning is cogent and his conclusions logical? "*Cœlum, non animum, mutant, qui trans mare currunt.*" And yet it is certainly true that the sarcasm of Scriblerus is as applicable to the medical speculators of our day as it was to the metaphysicians: "Whether, besides the *real being* of *actual being*, there be any other *being* necessary to cause a thing to *be*." We suppose that Dr. Paine would be pleased to have us commend this problem to the attention particularly of the medico-chemical and microscopic plilosophers; but we shall not venture such a perilous interposition.

In connection with the foregoing, we shall next revert to the reviewer's statement, that "the Institutes are founded on the Medical and Physiological Commentaries, which were many years ago submitted to the scrutiny of Dr. Carpenter," by which the reviewer evidently intends to imply that Dr. Carpenter upset that remarkable store-house of facts and philosophy; and that it is not more distinctly said, may be owing to the reviewer's modesty. But however tha may be, it is very certain that the reuiewer has neglected all reference to Dr. Paine's "Examination" of Dr. Carpenter's "Scrutiny," in which he proved, as in the case before us, that nearly every quotation from the "Commentaries" was either mutilated or positivel falsified, while every objection made by the reviewer was taken up *seriatim*, and thrown back upon the critic; and, least of all, is ther any allusion to that ever memorable plagiarism which formed the *coup de grace* of Dr. Paine's pamphlet, and which Dr. P. has embalmed in the third volume of his " Medical and Physiological Commentaries," along with other memorials of the vigorous resolution with which he has swept away the thorns and thistles that beset his path, and the incorporation of which in the work assailed, led a former editor of the New York Journal of Medicine, the distinguished Dr. Forey, to commend them to the attention of critics as a lesson for their future government. But we rather mention these things in illustration af our author's indomitable perseverance, and of the extraordinary obstacles which he has been required to encounter.

We have next from our reviewer a series of not less than twelve (*sic*) quotations from the " Institutes " within the space of half a column, strung along like the ova of venomous reptiles, and obviously, therefore, for no other purpose, but, plainly enough, to impress upon the reader the greatest possible amount of prejudice.

As an example of these quotations, so completely isolated not only from the surrounding context but from other constituent parts of sentences, we quote the following : " What we read in Fourcroy [says Dr. Paine], we read in the works of Liebig ; " by which the reviewer intends to convey the impression that this " learned and erudite " author places Fourcroy in the same rank of discovery as Baron Leibig ; or, rather, that Dr. Paine has discovered nothing in the Baron's writings that may not be found in Fourcroy's. But a glance at the "parallel columns" contained in the Institutes, and at the essay on " calorification," and at many other parts of that work, will put this insinuation at rest. Let us, however, observe, as an example of the whole, the complete isolation and perversion of the foregoing quotation, and we are sure that every one will agree with us that we do read in Fourcroy exactly what that quotation affirms, and what should rouse the indignation of at least every American medical writer who would escape the perpetration of similar gross misrepresentations. We quote the Institutes :

" We read, then, in Fourcroy what we read in the works of Leibig and his cotempory chemists. Thus, Fourcroy :

' The errors of the chemical physicians of the last century and the indifference many practitioners of the present time seem to have for chemistry, have produced a disadvantageous opinion in the minds of many persons, which *time alone can remove.* If the *enthusiasm* of those physicians who cultivated chemistry *misled them,* it does not follow that any conclusion can be drawn from thence *that they may be applied to the present time.* THE EXACTNESS WHICH THE MODERNS have introduced into every part of *experimental philosophy* ought to remove the apprehensions of such as, for want of acquaintance with the subject, are apt to imagine that chemistry is still the dark, mysterious science it was a century ago.'—'It is chemistry alone that can throw any light on the composition of the fluids, and the *changes they undergo by the processes that are carried on during life.* We cannot avoid having recourse to this science in our endeavors to discover the true mechanism of the *animal functions*, the *properties of the fluids* separated by the different viscera, or the *alterations* such fluids undergo.'—'It will be necessary to enlarge and multiply these researches on subjects of different age, size and temperament, in various climates and seasons, and to pursue them among the different classes of animals,' &c.—'We think it equally necessary to examine the *solids* by chemical methods, as well in the sound as in the diseased state, and *by a comparison* of their properties, endeavor to discover *to which of the fluids* they owe their formation; and this being known, we may proceed to conjecture, in morbific conditions, the solid or fluid that has suffered a change. If it be *thus established* that the theory of medicine is capable of receiving the most essential advantages from chemistry, it is equally certain that the *practice* is no less in need of the same assistance; since both must of necessity accompany each other, and are promoted by the same means.'—'Nothing can be more evident than that *the choice of aliments*, and of air, cannot be made with any certainty but in consequence of *chemical researches into the nature of foods*, and the properties of the atmospheric fluid.'—*Fourcroy's Medical Chemistry*, 1782. The emphasis of words belongs to the Institutes.'"

Now, all the foregoing, which occurs at page 9, and nearly in the same words, is also quoted in the "Institutes" from Liebig, Lehmann, and other recent chemists, and has become, indeed, the current phraseology of the day; nor are we aware that either more or less is thought of now in the application of chemistry to medicine. So much for the chain of quotations.

The Times editor is clearly no advocate for blood-letting in inflammatory diseases; and here we are again presented with the most garbled and perverted extracts from the Institutes, and of equal brevity with the preceding. But what interests us most is the reviewer's disposition of his author's own case, which was one of pneumonia, and which is pretty fairly stated by the reviewer, probably because he thought it would be to his author's disadvantage. This is inferable from the abbreviated manner of the statement, and its limitation to the number of bleedings, which were three, and one leeching, and the amount of blood abstracted, while no notice is taken of the other means employed. It occurs at page 870 of the Institutes. The quantity of blood was pretty large, and the reviewer appears to have thought it a case for himself, particularly as "nine days after the last bleeding Dr. Bliss found his patient outside his house, at his usual morning exercise of sawing wood; and besides this; his general health, which had been infirm for a long time antecedently, became subsequently much improved."

This is quoted by the reviewer, though in that varied phraseology which would best suit his purpose. And how does the reader imagine that the London Medical Times - and Gazette disposes of this personal matter, in which his "learned and erudite" author and the accomplished Dr. Bliss were so deeply interested as faithful disciples of truth, and as among the acknowledged chiefs of the American medical profession, and one of them a professor for many years of the institutes of medicine in the University of New York? Simply, in that most insulting manner which has won for the British nation the familiar epithet of John Bull. "We suppose," says the reviewer, "*that it would hardly do for us to suggest, that possibly the Doctor had never had the pneumonia at all;*" which we suppose must be equivalent to saying that the reviewer did not believe one word of the statement. We should be very much pleased to know from our trans-atlantic cotemporaries, whether this be characteristic of British gentlemen, especially of the medical press, and what kind of authenticity they require for statements made by their medical brethren in America. The high standing of the Times in its own country, appears to justify the enquiry.

The reviewer goes on to say of his author, that "he thinks it impossible for a man to be a hippocratic and a necroscopic scholar." Such is nowhere to be found in the "Institutes," or the "Commentaries;" but just the reverse. It is true that Dr. Paine has an elaborate essay upon the "hippocratic and anatomical schools," particularly in the "Commentaries," the main object of which is to show, not their incongruity, but that the exclusiveness of the latter is injurious to the interests of practical and philosophical medicine. The same is also true of his essay upon the writings of Louis. It is of this which he complains; and curiously enough the reviewer commits himself to the same conclusion, though with the object of enforcing more strongly his misrepresentation that Dr. Paine is opposed to the study of morbid anatomy.

Nor does Dr. Paine assert, according to the reviewer, that "a man cannot be a first-rate chemist and an excellent physician at the same time," because, as the reviewer implies, his practice would be unsound. Dr. P. merely thinks that to be a "first-rate chemist," a man must devote his whole time to the laboratory; and it is well known that such chemists never practice medicine at all. Dr. P. on the contrary, earnestly commends the study of chemistry to physicians, and acknowledges that he is greatly indebted to it himself, as at pages 207, 801. He also contends that neither organic chemistry nor minute anatomy or other microscopic explanations can be made the basis of principles that will serve usefully in practical medicine. But, like the former, he commends the latter to all who have the time, the ability, and the great industry to prosecute these enquiries without interfering with the more important requirements and he believes that this number must be always very small.

Again—the reviewer says, "We find that Dr. Paine complains of a scientific larceny committed on himself," but the reviewer gives no intimation of its nature, nor when the larceny was committed.

The reviewer asserts in the same characteristic manner, that "the Medical and Physiological Commentaries are referred to in the Institutes at least a thousand times." We have, therefore, in carrying out our purpose of noticing all the reviewer's statements and objections, been compelled to count the number of references to the Commentaries, and find them to be eighty-nine up to the 911th page, and sixteen more in the article on the "rights of authors," with which the work ends—all beyond consisting of indexes.

Another statement represents Dr. Paine as saying that "he has seen more of bleeding than any man in the United States has." But Dr. P. says no such thing. His words are "I have doubtless seen as much of the effects of blood-letting in *private practice* as has been witnessed by any other physician during my professional life."—p. 870.

The reviewer finally reverts for his remaining perversions to a foot note in the Institutes, which has no other connection whatever with the work itself; and as we think our readers will be amused at the manner in which this is managed, and particularly as the reviewer makes it a grand point for British prejudice, we shall enter into it *con amore.* This foot note (at page 450) is limited to a reference to Professor Paine's well known "Defence of the American Medical Profession" against assaults from abroad and at home, and a farther appeal to his countrymen to cultivate a national medical literature of their own. But the Times reviewer, little pleased with such an alarming proposition, finds in the foot note something which he vainly hopes may fix the prejudice against his author to which he had appropriated many mutilated and falsified quotations; and he leaves the reader with the impression that what is here said composes a part of the main body of the work. Here is the morsel:

"Still," says the reviewer, "he respects somewhat the mother country." "I revere the ancestor, he says, as a fading luminary of the largest magnitude, whose resplendent light has only passed into other regions to advance the welfare of other worlds."

Now, had the author of that foot note been provoked to an act of resentment alone in what he says there of the illiberality of British critics towards American authors, it would have been neither characteristic of the writer nor acceptable to his American readers. But he was very careful to set forth the ground of his conclusions, and which the Times reviewer has been equally careful to conceal. Had the reviewer, indeed, simply presented the remainder of the paragraph which follows in immediate connection with the reviewer's quotation, he would have spared us the necessity of doing it for him, and have obtained a very different credit for himself from what is now impending. The following is the residue of the paragraph, from which it appears that Dr. Paine was actually imployed in protecting the fame of a great nation against one of her own favorite sons; and, certainly, his authority was most ample for the animadversion which he makes upon the "fading luminary." Here is the balance of the paragraph, which occurs at page 402:

"I shall sustain the comparison, I say, by a quotation of one of many analogous comments that have lately appeared in a medical work which may be regarded as the oracle of the British profession —the *London Lancet.* In speaking of the existing state of medicine in Great Britain, and after representing British '*works on pathology and the practice of medicine, as deficient in originality and richness of materials,*' the veteran editor aims his 'Lancet' at the very foundation. '*Look,*' he says, '*at the state of British pathology! Of what does the great majority of our books on this subject consist? Of compilations of old views cooked up as new discoveries; of annotated translations; or, at best, of able and comprehensive digests of materials already before the public in other forms.*'—*London Lancet,* May 6, 1843."

What a contrast is here! What transposition of parties! "*Mutato nomine, de te fabula narratur.*" How inglorious the "Times" in apposition with the admirable candor of the "Lancet!" "*Tuo sibi gladio hunc jugulo,*" *Haman*! Whether the aspect of things remains unchanged, let Todd and Bowman answer!

This brings us to the main object of the present article, for the writings of Dr. Paine need not a protector. We have, however, presented every objection alleged by the Times and Gazette against Dr. Paine's voluminous writings, and which are comprehended in a single page of the journal. It will have been seen that our cotemporary had not only a systematic misrepresentation in view, but that he had lost his temper. Dr. Paine and himself are at variance in their doctrines and practice. He of the Times belongs to the Chemical and Brunonian schools, while Dr. Paine is not less a champion of vital solidism. The latter considers medicine a fabric of principles; the other that it is as unstable as the wind—forever at the mercy of chemistry and the microscope. There is, therefore, a broad gulf between them. This appears to have been held a sufficient justification of an unexampled misrepresentation of literary labors, or rather, as a disguise of that national characteristic which so often betrays itself in a more open and less objectionable defamation of American genius; although not a little must be attributed, in the case before us, to an apparently concerted, though probably an instinctive plan of defeating the circulation, in both hemispheres, of those American medical productions which are likely to interfere with the kindred works of British writers. There is nowhere in the review of the Institutes any attempt whatever to invalidate a doctrine or a fact in that, or in any other work of the author, beyond those exposures which we have now made; and we therefore regard the entire article as the very highest honor that could have been bestowed upon his writings. Of the gravity of our charges we are sufficiently sensible, and it is for this reason that we have arraigned our brother critic at the bar of the public. We have been just to him, while he had nothing for his author but injustice and misrepresentation.

But this is only one of many articles either slurring or defaming our best American medical authors that have issued from the British medical press; only more disreputable, and therefore less injurious.

It is true, we are sometimes treated with commendation; but rarely so. excepting when our books do not interfere with the American market for British consumption. These occasional dispensations do no good, in a national sense, while other writers equally deserving are made to bow the neck, through our own acknowledgment of a foreign master. Nor can any American medical philosopher enjoy much reputation, either abroad or at home, without a recognized national medical literature; and we commend this principle to those of us who hope for fame through the sacrifice of others. Most of all do we urge it upon those who are bidding high for professional honor, for these are the very ones at whom envy will direct its shafts. Nor will we refrain from adding, that the discouragements of which we have spoken have exerted a blighting influence upon the genius of medicine in the United States; and have engendered no uncommon opinion that the best laurels are to be won in a sole devotion to the practical duties of the profession. If neglect, or misrepresentation, or unfair criticism are to be the penalty of American medical scholarship, and "thrift can only follow fawning," we doubt not that still greater blight awaits the medical profession in America.

> "Quis enim virtutem amplectitur ipsam
> Præmia si tolles?"

And now, before parting with the intelligent editor of the London Medical Times and Gazette, we ask him, in the name of manhood, to again cast the same hasty glance over the pages of the Institutes and Commentaries, and consider alone the age of sleepless nights which those works must have cost their author, and then ask himself, in the soberness of truth, whether it be fair or honorable to thus treat a never absent companion in the walks of science—one, too, whom the editor or his substitute acknowledges to be "learned and erudite, and well acquainted with the medical literature of ancient and modern times," and whether he do not owe an apology —"*quid verum atque decens*," to this much injured disciple of the healing art.

But the remedy is in our own hands; and we reiterate, with Dr. Paine, let us assume a manly independence, and have a medical literature of our own, that shall compel acknowledgment from abroad, which is now stifled by our own hosannas to British "compilations cooked up as new discoveries, or annotated translations." Let us, at least, "cook up," "translate," and "annotate" for ourselves. There are scholars in every direction around us, who would do the work with consummate ability, and a higher order of genius would blaze out all over our land, were it not for our own predilection for that "cookery" of which the London Lancet is itself ashamed. Let us make up our minds that while this system is pursued, and while an unworthy jealousy continues to preside over our domestic policy, and, more than all, while American physicians continue to scandalize their own, there can be no national medical literature for us; and our old mother will continue to take advantage of the opportunities. "*Sævi inter se conveniunt ursi.*" Already our archives abound with materials, if properly acknowledged and protected by ourselves, which would at once constitute a noble foundation for a national American medical literature. It is as true of ourselves as a profession, through each succeeding generation, as was said by Cicero of individuals — "*Quoniam diu vixisse denegatur, aliquid faciamus quo possimus ostendere nor vixisse.*"—[Virginia Medical Journal,]

CLINICAL LECTURE.

ON READY DIAGNOSIS. BY PROFESSOR FORGET OF STRASBOURG.

"Qui voit tout, abrege tout."

"The art of diagnosis consists essentially in the combination of all the elements which can aid, directly or indirectly, in the elucidation of diseases." This incontestible axiom is made to do good service by the investigators of our day, who are prone to exaggerate the value of each of the thousand minute details with which they are occupied, sometimes before their reality even has been sufficiently established. To this fever for inventions, this accumulation of hypothetical and often contradictory results, the name of "progress" is given. Be it so! Science indeed advances and is enriched daily; but it is in much danger of being buried beneath its mass of treasures, unless some one shall arrange them, assorting the crude products, and assigning to each its degree of value in every day practice. This nobody seems ready to undertake. Every one brings his grain of sand to the edifice, no one directs where it shall be placed; there are laborers in cohorts, but no architects, for we cannot so designate even the best of our authors of treatises on practical medicine. Once a book on practice was an event, and when Fernelious, Sydenham, Stoll, Borsieri, Cullen, or Ainel. published the results of long and conscientious study and meditation, their magistral work made a deep impress on the field of science, and commanded the attention of the world. Now-a-days ten neophytes set to work,* separately aud silently, and relate what others do before they have learned what they will do themselves, commencing the novel by the last chapter, as the saying is, with the sole object of gaining by the speediest road a place at the professional banquet.

Hence we examine these compilations in vain for those large views which open up new horizons and strip the veil from obscurities. We find no harmonious whole, no lucid simplification. Open any modern pathological treatise you please at the article *Pleurisy*, for example, you will be told that inspection, palpation, mensuration, precussion and auscultation serve to diagnosticate this disease. The enumeration is exact, but as to any comparisons or reflections on the relative value of these various semieotic means, they are not to be found, and the student is left to attach the same importance to dullness and to egophony; it will be unhappy for him, indeed, if the author does not insinuate that resonance and amphoric murmur are the rule, under pretext that these phenomena have lately been observed in a few cases of pleuritus. Turn over to *Typhoid Fever*, you will learn that fever, prostration, delirium, the fuliginous tongue, cœcal gurgling, epistaxis, diarrhœa, etc., are the fundamental featuaes of this affection, whence it results that all these symptoms have the same significance whsch is requisite in order to inculcate the idea of a general affection, *totius substantiæ*. When you encounter in practice tophoid fevers without a typhoid state, or frank phlemasiæ presenting the same phenominal portraiture as is here ascribed to typhoid fever, you may get on as best you can. It is thus that confusion is eternalized; it is this want of comparison and logic which perpetuates chaos and maintains the authority of our modern augurs.

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*It is scarcely necessary to remind the reader that a number of the recent German and French works on practice have been complied by association of from three to twenty collaborators.—TRANS.

"A disease, that is to say, a group of morbid elements, being given, ascertain the order of their subordination over to the other," or the degree of influence which each of them exercises on the rest. The mode in which this problem has been comprehended and solved, is in truth the history of medical science, for it immediately conjures up every system of doctrine. According to the ideas which have prevailed on the nature and essential elements of disease, vitalism, humoralism, solidism, etc., have flourished or decayed. We do not propose to enter on this vast subject. We accept the notion of diseases commonly presented and ask for a thread to guide us through this immense labyrinth. In the first place, we may lay down: 1. That in a practical point of view there is no single essential element for all diseases, that is to say, that each of the exclusive doctrines is vitally defective and inadmissible. 2. That the principal elements vary or may vary in each class of diseases; thus in a given neurosis, the element strength or element debility may alternately prenominate. 3. That this same variability, in a practical point of view, of the dominant elements may present itself in each disease or in each particular patient. The demonstration of these propositions, which remove us far from the exclusive vitalist, organicist, and chemical doctrines, would embrace the entire field of pathology. We will attempt, however, to sketch a general outline to suggest the processes by which a solution of the proposed problem should be attained.

We know that there are dominant and subordinate, morbid elements. But our ignorance of the primary, essential, really dominant elements io often so great, that, to our astonishment, we often see a secondary or apparently accessory element assume a predominant importance in a therapeutic point of view. Such in a multitude of cases is the element *pain.* The toxic principal is the essential element is cases of poisoning and in contagious and infectious disorders, in syphilis, variola, typhus, etc. The rational indication is to eliminate or neutralize the toxic agent. But it is only in the minority of cases that we have the ability to do this; yet we still cure intoxications for which we have no direct antidote. Sometimes this is by allowing nature to act, as in the febrile exanthemata. In other cases, it is by combatting the effects of poison, and keeping the patient alive till its virulence is exhausted, as in-poisoning by acrid or narcotic substances; and though, in these cases, we direct our attention to the secondary elements, to the inflammation or adynamia, the poison indirectly opposed is still the capital element. It is this that renders the maxim *naturam mordorum curationes ostendunt* a most fallacious one, for it would require us to admit as many essential natures in the same disease as there are therapeutical methods applicable to it.

Having promised this much, let us inquire what are the sources whence the so-called primary or capital elements are to be derived. Of these sources, the most natural is unquestionably afforded by *etiology*, as is indicated by the aphorism *sublata cæusa tollitur effectus*, an aphorism as delusive as the last. We have shown elsewhere the obscurities and fallacies which often oppose the search for the real causes of disease, and have concluded that the causes of importance as regards treatment are constitutional causes difficult to reach, which happily do not always prevent recovery. So that this etiological doctrine, so imposing at the first glance, has a more limited application than is commonly imagined, as we have shown in speaking of poisoning. The most fruitful source whence important and positive elements of disease are to be derived is, despite what is said to the contrary, organic and functional *symptomatology*.

It is true that behind an inflammation or other organic lesion, there may exist, and often does exist, a general or special csuse: but too often, alas! this cause is occult, and quite beyond the reach of remedies. We are forced then to come down to the obvious phenomena, and to accept them, at least provisionally, as primary elements, especially when the other phenomenal details of the disease naturally flow from them. Such are, in general, idiopathic inflammations; such are certain diathesic affections even, as tubercle and cancer; such certain functional diseases without appreciable lesions, designated neuroses. The best that we can do in these cases is to attack the visible and tangible element, else we strike in the dark, and may deal a blow to the patient rather than the disease.

In a practical point of view, the so called organic or symptomatic classifications of diseases are less vicious than they appear. They are as rational as circumstances permit, inasmuch as they express the positive facts, beyond which we can ascend only by inductions which practical experience and humanity condemn: *nil magni facias ex mera hypothesi.*

The *progress* of disease is a more limited but less certain source of capital elements. Thus the intermittent character of disease is often of such predominant importance. as to be the one fact to be taken into consideration, as in pernicious fevers. The slow or rapid, the acute or chronic, progress of a disease is also a major element, which is the basis of most important practical demonstrations; for just as it is imperiously necessary to combat promptly and vigorously diseases which place life in immediate jeopardy, as pneumonia, peritonitis, or meningitis; so it would be most irrational to attempt to jugulate disease of slow progress.

The *terminations* of disease are likewise the source of important indications, according as they result fortunately by the unaided powers of nature as in erysipelas, simple icterus, etc., or lead to the grave complications, as in suppuration in pneumonia, aneurism in endocarditis, etc.

The ancients attributed great importance to *prognosis*, but prognosis is only a deduction from the causes, progress, and terminations, and consequently is comprised in these elements.

Complications constitute, in certain cases, elements of greater gravity than the primary disease itself; for example, the cerebral and pulmonary complications of typhoid fever, meningitis in erysipelas of the face, pericarditis and endocarditis in articular rheumatism, etc.

Lastly, the *treatment* is the source of most important indications; for there is no better guide, practically, than the results of the medication employed, and nothing indicates more positively the necessity of a change of measures, than the negative or injurious effects of those previously used. It is this incontestible principle which furnishes empiricism with the strongest argument it possesses.

From these brief considerations, it results that each element belonging to diseases may, in its turn, constitute the leading element. Hence the insufficiency of exclusive doctrines; for the relative importance of these varied elements cannot be predicated in advance, and essentially depends on the peculiarities of each particular case.

Our present intention is to examine the relations of the elements belonging to the class of symptoms, which form the principal, though not unique basis, on which diagnosis is founded. The student who has been initiated into a knowledge of the characteristic signs of different diseases, by learning individual symptoms, should proceed to study the semeiotic elements, hitherto separately considered, in these relations to one another, in their rational connection, in a word. This intellectual labor constitutes what I call the ready method of diagnosis, which conducts us, by the shortest path, to a sufficient knowledge of the disease.

I use this term in opposition to the classical method, which arrives at a knowledge of disease only by reviewing methodically and minutely, in accordance with a given formula, all the details of the case. In instituting a parallel between these methods, I do not pretend that the former is surer than the latter, or sufficient for every case. On the contrary, the classic method is more complete and solid. But in a multitude of cases, an adequate knowledge of the case may be acquired, without pursuing the interminable meanderings of the classical process, and the latter can add nothing but a conjoinative evidence to the precise diagnosis already attained.

If the ready method has no other object than to abridge the examination, and exhibit the talent for observation and tact of the practitioner, its advantages would be small. But it spares the patient much fatigue, dangerous mental and physical efforts and varied annoyances, entailed by the stereotyped examination in true classical style. Important facts are brought out clearly, stripped of superfluous accessors, and unobscured by erroneous or equivocal replies from the patient. Moreover, expeditious diagnosis is a practical necessity, not only in reference to the patient, too feeble to comply with the exigencies of the classical mode, but in regard to the majority of practitioners, who either know, or at all events, practice no other. It is a delicate subject to treat, but it must be admitted that the complete classic method is almost confined to the schools and the savans. It is notorious that, as soon as the students leave the benches, they forget the use and utility of the thousand minutiæ they have been taught. Pressed for the time, harassed by the difficulties, the prejudices, the vexations encountered at every step of practice, very many come to be satisfied with a ready method of diagnosis of almost any sort; and God knows what sad blunders result from this voluntary constrained negligence.

It is with a view of offering to practitioners of this class an equivalent, in facility, for their habitual methods, but an equivalent far superior in value and security, that I have undertaken these disquisitions on diagnosis ; which I would term the elements of medical algebra, were not the metaphor too ambitious and false ; false, inasmuch as our art can never pretend to the precision of mathamatical science.

Without going back to Pinel, who seems to have first conceived the idea of framing a formula for the interrogation and examination of patients, whoever has turned over the pages of one of the innumerable clinical manuals, compends, or treatises published in the last thirty years, must have noticed ehe formal systems of examination ; which, under the pretext of preventing the practitioner from blundering, inveigle him into a labyrinth, and take him through endless windings to a goal he might generally reach in a straight line. The laudable intentions of teachers have led, in fact, to those interminable books of questions, of which three-fourths, at least, are foreign to the case in point. I have never known a student or physician willing to load his memory with these ponderous protocols, even were they signed Bouillaud or Piorry. For common sense teaches that the interrogation should be confined to subjects necessary for the elucidation of the case in hand, which is commonly to be attained by simple and natural means, as we shall see.

Thus, for what are termed the *preliminaries* of the case, the *sex* and *constitution*, we see the *age*, written on the features, need hardly be ascertrined mathamatically. Menstruation, Marriage, maternity, the number and health of children and of parents are of importance in certain cases only. The profession, regimen and antecedent diseases, are commonplaces of no value in a multrtude of cases. None of these circumstances will lead us to the diagnosis of a disease, though many of them it is well to know, when the diagnosis is once established.

Coming now to the *present disease.* In many cases of external affections, medical or surgical, the disease stares us in the face, and abridges the interrogation greatly. Without speaking of traumrtic lesions, all diseases affecting the skin and the mucous membrane accessible to the eye or touch; next all diseases which are reflected exteriorly: icterus, scurvy, chlorosis, and other cachexies, typhoid diseases, convulsive and paralytic affections, diverse dropsies, etc., etc., all give their name at the first glance, and require but few questions. In some instances the sense of smell instructs us before or simultaneously with the sense of vision: as in gangrene, the puerperal state. cancer, the typhoid state, etc.

In the exclusively internal diseases, after a careful glance at the general physiognomy of the case, the first question should be: *Where do you feel pain?* the hand pointing out the exact seat indicated by the reply. The second question is this: *How long have you been sick?* and the reply informs you whether the disease is acute or chronic. Provided with these two notions, *seat* and *duration*, the examination already assumes a precise direction, and you proceed, without waiting for other information, to the exploration of the organ or apparatus supposed to be affected, adopting first those means which procure the most precise information, and often the diagnosis is evolved in this first enquiry.

Having ascertained the material or *organic* conditions of the disease, as far as possible, you proceed to investigate the *functional* symptoms of the diseased organ, always in the order of their importance in a diagnostic point of view.

The disease once ascertained with precision, the hardest part of the task is accomplished. It remains to obtain information relative to the etiology, progress, complications and therapeutic means, respecting all the anamestics, in short that may be of utility. But the examination is concisely conducted in the directions indicated by the determined nature of the disease.

We see that, apart from the two questions already given, the examination is altogether a relative affair, and admits of no mixed formula. But, as we shall see, there are particula formulæ upplicable to particular diseases, formulæ often susceptible of great abbreviatton.

Having achieved the examination of the organ and disease, it is requisite to pass the other organs in review according to some settled plan, the choice of which is unimportant. Be careful to seek first for the capital symptoms, the presence or absence of which implies the integrity or alteration of the organ or function under examination. Thus the epiphenomena or complications are detected, and they must be looked for, even in the absence of suspicious symptoms.

But there are local diseases without pain, general diseases which cannot be accurately determined, affections, in short, without local symptoms or seat; such are certain phlegmasiæ, termed latent, many organic lesions, some neuroses, intermittent fevers in the interval, certain humoral diatheses,. We are then compelled to adopt the formal classic method, abbreviating as we can, and adhering strictly to enquiries relative to the organic and functional state, before descending to commonplace aimless questions. Example: a patient presents himself with no actual symptoms, and gives us no information. We proceed to the examination, and discover a tumefaction of the spleen. It is highly probably that the patient has intermittent, a fact determined by a few questions. Another subject presents no appreciable material lesion, and we can elicit no satisfactory replies; but a paroxosm soon supervenes of chill, and sweating, and again reveals to us the nature of the affection. Such cases are among the most unfavorable to the ready method; but in such the classical method does not shine. Another example: a woman reduced to marasmus has been attended by several physicians who have not ascertained the nature of her complaint. We examine the details of the case, and are not more fortunate than our predecessors. But the idea occurs to us to taste (!) the urine, and we detect a diabetes mellitus. In fact the sweet taste of the urine is a pathognomonic sign offering one of the most striking examples of ready diognosis.

These enigmatical cases constitute what I call *veterinary medicine*, in which the physician, in absence of verbal information, is compelled to proceed as in the cases of animals. These cases are frequent; for they comprise, apart from stupid people, children, foreigners, delirious, apoplectic, asphyxiated patients, etc., etc. The best plan in every case is to proceed at once to search for the affected organs, by the material processes of palpation, percussion, auscultation, etc. These cases have not been sufficiently provided for by the classic method.

Diagnosis, in general, should be divided into positive or negative, according as its object is to determine the presence or absence of lesion. Positive diagnosis arrives at the most insignificant symptoms, and negative diagnosis elicits the organic or functional evidence which imply the integrity of organs. The latter often leads to the former, as when, without any preliminary indication of the seat of trouble, we are compelled to pass all the organic apparatus in review.

The most constant effect of an organic lesion is to produce functional derangement; therefore from the integrity of function, we infer the soundness of the organ. On this principle, the theory of negative diagnosis is founded on the determination of the most significant functions, just as positive diagnosis is based on the determination of the most expressive symptoms. This premised, I proceed to certain formulæ for negative diagnosis, applicable to the principal organs.

Digestive Apparatus. Have you an appetite? How is your di gestion? Are your bowels regular? Affirmative replies on these three points afford a strong presumption that the disease is not lo cated in the digestive organs; for there is scarcely any affection in the system that does not modify the the appetite, digestion or defacation.

Respiratory Apparatus. Do you breathe well? Have you a cough? Do you raise? Satisfactory replies make it probable that these organs are in a good state, for dyspnœa, cough and expectorations are inherent characteristics of most disorders of this apparatus.

Circulatory Apparatus. Do you feel your heart beat? This is about the only question you can address to common people; but is adequate in most cases, almost every heart disease producing palpitation or præcordial distress. The pulse and ausculation will clear up the diagnosis.

Cerebro-spinal Apparatus. Here questions are, strictly syeaking, superfluous. The physiognomy, the speech, the gait and motion, almost always indicate at once whether the nerve centres are intact.

Apparatus of special Sensation. Do you see and hear well? Such are almost the only questions appertaining to this category; for the organs of taste and smell belong to the digestive and respiratory apparatus, and skin diseases reveal themselves.

Urinary Apparatus. Do you urinate without trouble? Is your water clear? These two questions are in general sufficient.

Genital Apparatus. Inspection and the two preceding questions suffice in the case of males. In females we enquire: Are you regular? Have you the whites? Replies to these questions convey what is essential respecting puberty, pregnancy, the menopause, the different affections of the uterus and vagina: for disordered catamenia and vaginal discharges of some sort characterize almost all the sexual derangements of females.

We see by these examples how easy it is to arrive at a negative diagnosis, by keeping to the radical essential elements, which imply the rest. Of course, where practicable, the *ready diagnosis* should be corroborated by other questions and the usual methods of exploration. I wish simply to say that a negative diagnosis, sufficiently accurate for the generality of cases, may be attained very promptly. It should be an invariable rule to accompany or follow the interrogation by palpation and inspection of the organs examined. An abnormal swelling, in the provocation of pain by pressure may throw a flood of light on the morbid condition, which normal conformation and insensibility confirm the replies favorable to the idea of health.

Virginia Medical Journal.

REDUCTION OF DISLOCATION OF THE FEMUR BY MANIPULATION.

Dr. F. H. Hamilton concludes an interesting practical paper (Buffalo Medical Journal, June 1858) on this subject, with the following resume of his researches:

" Richard Wiseman, so early as the year 1676, recommended, in the case of children, where the thigh was luxated upon the dorsum ilii, to adduct the limb, then flex it upon the belly, and thus reduce the bone.

Richard Boulton, in 1713, and Daniel Turner, in 1724, have repeated the same advice. The latter recommended also the application of a similar plan, in all cases, before resorting to the pulleys; he has, moreover, reported one case at length, in which he succeeded by manual extension and manipulation, but without the aid of mechanical appliances; and he declared that he had reduced two others by the same method,

Heister, in 1768, thought also of reducing these dislocations by manipulation alone.

Sept. 1776, Thomas Anderson of Leith reported, in the Edinburgh Med. Commentaries, two cases which he had reduced by manipulation, one being a dislocation upon the dorsum ilii, and one upon the foramen ovale.

Klug in 1823, Wattman in 1825, Rust in 1828, Columbat in 1830, Fishcher and Mahr in 1849, published descriptions of their several modes of procedure, all of which were by manipulation, and most of which were essentially or precisely like that which is now generally practiced.

Our researches have also brought to light the following facts, illustrative of the connection of American surgeons with this procedure.

Dr. Philip Syng Physick accidentally reduced a dislocation of the hip by manipulation in 1811.

Dr. Nathan Shumway of Essex Co. N. Y., Dr. Luke Howe of N. H., and many others affirm that Dr. Nathan Smith of New Haven taught and demonstrated upon the skeleton this mode of reduction of dislocated hips, in his lectures at Yale college, as early as 1816.

In 1824 Dr. Smith, in a written deposition, declared that he had once reduced a dislocation upon the dorsum ilii, by carrying the knee towards the patient's face, and without pulleys.

In the year 1831 Dr, Nathan R Smith of Baltimore published a full account of the views and practice of his father, Nathan Smith, in an octavo volume. His description of his mode of reducing dislocated hips and his explanation of the theory of the process is clear and elaborate, occupying 20 pages or more. The whole is illustrated with wood cuts.

In May 1840, Dr. Luke Howe called attention again to Dr. Smith's mode, in the Boston Medical Journal, and reported a case reduced by himself.

In the English edition of Sir Astley Cooper on Dislocation and Fractures, edited by Bransby Cooper, and issued in 1842, is an account of a compound dislocation of the hip, reduced by manipulation. The same is seen also in the American edition of the same book, published in 1852.

On the 8th of May 1850 W. W. Reid of Rochester, New York, read before the Monroe county medical society a paper entitled 'Dislocation of the femur on the dorsum ilii, reducible without pulleys, or any other mechanical power;' which paper, containing the details of three cases in which he had accomplished reduction by manipulation, was published in this journal for August 1851.

If my readers have followed carefully the descriptions which I have given of the modes of manipulation adopted by the various surgeons during the last two hundred years, they have seen a remarkable similarity in their procedures, especially when they have been speaking of dislocations upon the dorsum ilii, and such as to induce a belief that the modes were nearly or quite identical; and yet they must have noticed also constantly such slight differences in the descriptions or in the terms employed as to render it apparent that only in very few instances had the writers copied their opinions and practice from their predecessors. In most cases the writer appears to have been ignorant of what had been done before; and indeed he has generally avowed a belief that this method was new and altogether original.

This fact may not be difficult of explanation, when we call to mind the unfrequency of dislocations of the hip, and that fifty years ago the number of surgical books, and especially of medical journals, was very much less than at present, so that great and valuable truths often died with their discoverers, or were known and remembered only by a few. But it is possible that it has a deeper significance, and that it implies some defect in the procedure, or serious danger, in consequence of which it has, from time to time, lapsed into desuetude, and finally complete oblivion.

It is for the purpose of aiding in the elucidation of this question, and that we might, if possible, determine what accidents or injuries are likely to accompany the reduction of dislocations of the hip by manipulation, that I have had these tables constructed, and with the following results :

The total number of cases is 64. Of 35 cases, in which the age is stated, the average is 24 years, the youngest being two years and one month, and the oldest 52 years. Of 51 cases stated, 45 were males, and 6 females. Of 57 cases stated, 30 were dislocated upon the dorsum ilii, 14 into the ischiatic notch, 10 upon the foramen ovale, and 3 upon the pubes. Of 53 cases stated, 47 had occurred within 24 hours of the time at which the reduction by manipulation was attempted ; 4 within ten days ; 4 within three weeks ; 1 at four weeks ; 1 at five weeks ; 1 at six weeks ; 1 at seven weeks ; 1 at twelve weeks ; 2 at twenty-four weeks and 1 at thirty weeks.

In fifty cases stated, pulleys had been previously tried, and had failed in 8 ; Jarvis' adjuster in 1 ; Jarvis' adjuster and manipulation in 1 ; other modes of extension in 6. In 34 cases, no means whatever had been previously employed.

Of 52 cases stated, ether was employed to diminish the resistance of the muscles, and to aid in the reduction by manipulation, in 16 ; chloroform in 13 ; chloroform and ether in 2 ; venesection in 3, with or without opium and antimony ; morphine alone in 1 ; and no means whatever in 17 cases.

Of 41 cases stated, 28 were reduced in the first attempt, 7 in the second, 4 in the third, and 2 in the seventh.

In 7 examples, the head of the femur has been thrown from one position to another upon the ilium, traveling from the dorsum to the foramen ovale and back, or from the ischiatic notch to the foramen ovale, or from the dorsum to the ischiatic notch, &c., in some instances these changes being made as often as seven times in succession. In two of these examples the limb has been finally reduced by pulleys, and in once instance, an abscess, with morbus coxarius has ensued. In no other case has any permanent injury been known to follow these changes of position of the head of the bone.

In one case, the thigh was broken during manipulation, through its lower third.

20 cases are known to have got well speedily, or within a few weeks after the reduction of the bone. 1, the case of compound dislocation, died in three weeks.

Of six failures, two are known to have been recent cases, and three to have been ancient; but in only two of the six is a positive triumph of the pulleys over manipulation established: one a recent case, and one an ancient case; while, on the other hand, eight were reduced by manipulation, after pulleys had failed, two after Jarvis, adjuster had failed, three after manual extension had been tried' and three after extension, the precise character of which is not stated. In all, sixteen triumphs of manipulation over extension.

It will be noticed that a great majority of the cases from which this analysis has been made occurred in private practice, and it is unnecessary to say that such statistics do not furnish the most reliable basis for conclusions. As a general rule, unsuccessful cases are not published by private practitioners, but successful cases are pretty certain to be made known; while, on the other hand, a series of cases furnished by any single hospital will generally be found to have given both unsuccessful and successful cases. The writer has heard lately of a complete failure to reduce by manipulation in a recent luxation of the hip, after repeated efforts on several successive days, and where skillful surgeons were in attendance; but it is believed that no account of the result has been published.

At least four of the unsuccessful examples recorded were hospital cases, and were all found in the report of fifteen cases reported by Markoe and Van Buren, from the New York hospital. This is a startling fact, especially when we consider the skill of the several gentlemen who were the operators in these cases; and it plainly renders a new series of statistics necessary, drawn solely from the experience of one or more similar large establishments, before we shall be prepared to decide positively upon the relative value of the two proceedures.

Note.—Indeed the writer is in doubt whether he ought to regard cases sixty-one and sixty-two as examples of failure to reduce by manipulation, since, in the first case, the reduction was finally accomplished by manipulation, aided only by mutual extension, while, in the second case (62), we are only informed that the femur was broken by manipulation; but we do not positively known that it was not reduced. If we are permitted to reject those two, then we have no reported cases of failure but the four New York hospital cases, which occurred in a total of fifteen, and stand in the ratio of more than one failure in every four cases."—*American Journal of Medical Science.*

On Dysmenorrhœa. By Dr. Fenner, of New Orleans. Soon after I commenced the practice of medicine, I received from my brother, Dr. Robert Fenner, of Jackson, Tenn., a recipe for an emmenagogue which, he said, was not to be found in any medical book of the day, but had been given to him by our father, a practitioner of forty years' experience, and he had gotten it out of an old English work, then extinct, written by a Dr. Falk of London. I was told that it was an excellent emmenagogue, more especially in that painful form of obstructed menstruation called dysmenorrhœa, and that it was remarkable for almost invariably causing fruitfulness in the cases of young married women.

The following is the original recipe and directions: ℞. Gum guaiac, 1 ounce; balsam canadens, 1 ounce: ol. sassafras, 2 drachms; merc. corrosiv. sublimat., i scruple; rect. spt. vini (alcohol) 8 oz. "Dissolve the guaiac and balsam in one-half the spirit, and the corrosive sublimate in the other. Let the guaiac and balsam digest for several days; then pour off the clear liquor, mix with the sublimate and add the oil. Dose—ten or twenty drops night and morning in a glass of wine or water, pro re nata."

This was called by Dr. Falk, "tinctura antacrida."

I have continued to use this prescription for dysmenorrhœa ever since I first received it, and with the most satisfactory results. I have given it to my brother practitioners wherever I have lived, and they have all pronounced it the best remedy they ever used for this complaint. It is only very recently that I accidentally discovered in the tenth edition of Ellis's Medical Formulary, the same recipe, though not exactly the same directions for preparing it. (See page 189 of that work.) It is there placed amongst his alteratives, with the commendation of Dr. Emerson and other practitioners of Philadelphia, in lues venera, etc., but no allusion whatever is made to its admirable virtues as an emmenagogue. Dr. Falk also used it in lues, and I myself have had some interesting experience of its virtues in that disease, but I shall confine my remarks at present to its effects in dysmenorrhœa and sterility.

Directions.—I usually direct the patient to begin a day or two before the expected period, and take twenty-five drops in an infusion of sage or sweetened water, night and morning, until the discharge is freely established; then cease till the next period. In obstinate and severe cases, the medicine should be commenced a week or ten days before the period; and if the pain appears, the medicine should be taken every four or six hours till relieved. The pain usually disappears as soon as the discharge becomes free; but in most cases the discharge comes on without pain after taking a few doses. I have known immediate relief to be given by a dose taken in the paroxysm, but I have seen cases in which the pain was excruciating, causing shrieks and even violent convulsions. In such I have had to resort to a more prompt and effecient anæsthetic, as the inhalation of chloroform, or the following which I have often known to act like a charm: ℞ Spirit Camphor, 3 drachms; chloroform, 2 drachms; tinct. opii., 1 drachm. M.S. A teaspoonful in sweetened water once an hour till relieved.

In violent hysterical spasms there is nothing comparable to the inhalation of chloroform. In the treatment of dysmenorrhæa, it is important to obviate costiveness by the use of aloetic pills. When dysmenorrhæa is relieved by this treatment, conception almost invariably soon occurs in married women.—*Virginia Med. Journal.*

NEW HAMPSHIRE JOURNAL OF MEDICINE.

MANCHESTER, AUGUST, 1858.

CONSULTATIONS WITH HOMŒOPATHS. The question of consultations with Homœopathists is well settled, so far as physicians are concerned. It is universally regarded as too ridiculous to be proposed by a Homœpath of common sense.

But some Surgeons have claimed the *right*, and talk of it as their *duty*, to meet Homœpaths in Surgical cases. Some of these make no secret of their delinquency, and meet these impostors on all occasions; others talk of humanity and say that they only do what is necessary in cases of emergency.

We find that the whole subject is being thoroughly overhauled in England. The immediate occasion is, that Mr. Furguson, the eminent Surgeon has been down to Lincolnshire with Dr. Bell (a Homœopath,) "to see an urgent Surgical case." In explanation, Mr. F. says:—

"I do not consult with homœopaths; and I am not, and never have been, in attendance on a Noble Duke in conjunction with a homœopath. I have no faith in homœopathy. I give no encouragement to homœopaths to consult me. I never refuse my surgical assistance when it is called for in any urgent or important case; and were a fatal result to arise from any neglect of mine, I should consider my conduct unjustifiable."

We find that some of our Journals are disposed to accept this explanation as sufficient, and that Mr. F. did just right, but we must say that we are not at all satisfied as it appears to us only a quibble whereby Mr. F. may retain his standing in the profession and yet grab the fat fees which will come through the influence of these impostors.

It is surprising to us that any intelligent physician can see cause to justify any physician or surgeon in aiding in any way a homœopath or any other professional impostor. The plea that "humanity demands it," is altogether a weak and groundless subterfuge. If a sick person or his friends insist on employing a quack, let them suffer the consequences. If they ask our aid, plainly tell them on what conditions we can assist them and allow no mawkish sensibility to move us from an honorable course which is alike demanded by our own interests and our duty to our profession, which must both suffer by any weak delinquency on our part.

We claim that in this country, no Surgeon has any right to aid a homœopath in any case. If the patient has only a Surgical difficulty he should treat it alone; and if there are constitutional complications which need treatment, he must be a base coward who will silently allow a case in which he is interested, to be tampered with by a homœopath.

OF NATURE AND ART IN THE CURE OF DISEASE. By SIR JOHN FORBES, M.D., &c. Published by S. S. & WM. WOOD, New York. Since the author of this book wrote in 1845 an essay on "Homœopathy, Allopathy and Young Physic," there has been a growing confidence in the powers of Nature and an increasing disposition on the part of the best informed practitioners to trust more to Nature and less to Drugs in the treatment of sick people.

Previously to this, in 1835, Dr. Jacob Bigelow had in a discourse on "Self-limited Diseases," taught that many such diseases had better be let alone, or at least, not actively treated.

This conservative direction given to the professional mind, instead of breeding distrust in the power of medicines, has served to increase our confidence by leading us to know that it is to their unnecessary and improper use that we owe much of our ill success and many of the prejudices of the public.

This book of Sir John Forbes will do much to give to the whole profession juster views of the relative curative value of drugs, and the unembarassed tendencies of Nature. We therefore recommend our brethren to send a dollar to the publishers, who will send the book by mail, post paid.

A MANUAL OF PSYCHOLOGICAL MEDICINE; *Containing the History, Nosology, Descrsption, Statistics, Diagnosis, Pathology and Treatment of Insanity.* With an Appendix of Cases. By JOHN CHARLES BUCKWILL, M.D., Lond., &c., &c., and DANIEL H. TUKE, M.D., &c. Published by Blanchard & Lea. pp. 536.

This book is intended to supply the want of a systematic Treatise on Insanity, which has long been felt. The Literature of Insanity is sufficiently copious, but, as it consists mostly of Monographs and Essays on special points, is of little value to the general practitioner, who has not the time nor opportunity to wade through so many distinct books for the information here brought to his view in a work or reasonable size and within the means of all.

The descriptions of the several forms of Mental Disease are given in a clear and graphic manner, and the whole book is written in a very readable and pleasant style. The authors, who are connected with Insane Asylums in England, have added their own experience to the recorded experience of others, and by so doing have conferred a favor on the Profession.

ELEMENTS OF INORGANIC CHEMISTRY, *Including the Application of the Science to the Arts.* By THOMAS GRAHAM, F.R.S.L.&E., &c., &c. Published by Blanchard & Lea, pp. 850. Price $4,00, post paid.

This is one of the most complete systems of Chemical Philosophy extant. It is profusely illustrated and brings to the view of the student all later discoveries and their application to the arts. It must without doubt be considered the best systematic work on Chemistry in our language.

ANATOMY OF THE PLACENTA. We have received a copy of a paper on the above subject, read by Prof. JOHN C. DALTON, before the New York Academy of Medicine and republished from the American Medical Monthly for July.

In this paper Prof. Dalton has given the result of experiments by him made upon the human placenta, which show in the most conclusive manner the nature of the communication between the blood of the mother and that of the fœtus.

RANKING'S HALF-YEARLY ABSTRACT of the Medical Sciences for the first half of the current year has been republished by Lindsay & Blakiston. Price $1,00.

We have already often declared our preference for this over any other work of its class, as it does not limit its observations to any one country, but gleans from the medical literature of all civilized nations. The present is fully equal to any preceding number.

A NEW JOURNAL. We have received the first number of "*The Medical Journal of South Carolina*," edited by Edward Warren M. D. Published bi-monthly at Edenton, N.C., under the auspices of the State Medical Society. Price $3,00 per annum in advance.

We like the appearance of this number very much, but may be allowed to prophesy that the editor will find the "auspices" of the Medical Society an annoyance which he will not long endure.

A NEW MEDICAL SCHOOL has been organized at Nashville, Tennessee, to be known as the "*Shelby Medical College*," of which Prof. J. FRED. MAY of Washington City is to fill the Chair of Surgery.

Nashville is destined to be the great Medical centre for the South and West, and the establishment af a second school is one of the surest means to attract students to that city, and will directly benefit the old University, which stands second to no school in this country in point of talent, and to but one or two in the number of students and graduates.

TREATMENT OF STRICTURE OF THE URETHRA. Dr. D. D. Slade, of Boston, read before the Suffolk District Medical Society some observations on the treatment of narrow and irritable strictures which show a familiarity with the subject the result only of a large experience added to a knowledge of the experience of others.

N. H. Asylum for the Insane. We have the Reports of the Board of Visitors, Trustees, Treasurer, and Superintendent for the year ending May 31, 1858.

The Asylum maintains its high character, and continues as heretofore to be self-sustaining. The tables appended to the Report show the number of patients in the Asylum May 31, 1857, to have been 170; Males 84, Females 86. Admitted during the year, Males 44, Females 32. Whole number treated during the year, Males 128, Females 118. Discharged—recovered, Males 17, Females 17; improved, Males 8, Females 12; not improved, Males 2, Females 3; died, Males 13, Females 5.

UNOFFICINAL FORMULÆ.

[From the Proceedings of the American Pharmaceutical Society.]

PRESENTED BY JOHN MEAKIM, OF NEW YORK.

Dr. Marshall Hall's Dinner Pills.

Take of Powdered Barbadoes Aloes	equal parts.
Soap	
Powdered Ext. Liquorice	
Molasses	sufficient quantity.

Make a mass and form into pills of four grains each.

White's Gout Pills.

Take of Calomel	of each one dram.
Powdered Aloes Socot.	
" Ipecac	
Acet. Ext. Colch.	

Make a mass with syrup, and form into 69 pills.

Dr. Abernethy's Pills.

Take of Powdered Socot. Aloes	48 grs.
" Ipecac	20 grs.
Ext. Henbane	48 grs.
Blue Pill mass	24 grs.

Make a mass with water, and form into 24 pills.

Eccoprotic Powders.

Take of Powdered Rhubarb	of each 1 oz.
Calcined Magnesia	

Mix.

Ricord's Aromatic Wine.

Take of Rue, Sage, Hyssop, Rosemary,	of each 4 oz.
Lavender, Absinth, Rose Leaves,	
Thyme and Elder Flowers	
Bordeaux Wine	9 pts.

Digest for two weeks, strain with expression and filter. then add wine to make 9 pints. Then add

Tannic Acid	of each 9 oz.
Alum	
Wine of Opium	

Mix.

Sweet Wine of Iron.

Take of Tart. Iron and Potas.	3 drs.
Water of Ammonia	1 dr.
Sweet Malaga Wine	1 pt.

Dissolve by trituration.

Brodie's Liniment.

Take of Sulph. Acid	1 dr.
Olive Oil	1 oz.
Oil of Turpentine	1 oz.

Add the acid gradually to the Olive Oil, stirring it in a mortar; when cool add the Oil of Turpentine and mix.

Canada Liniment.

Take of Water of Ammonia	1 oz.
Olive Oil	1 oz.
Oil of Turpentine	1 oz.
Alcohol	1 oz.
Oil of Peppermint	½ oz.

Mix.

Bell's Gargle.

Take of Borate of Soda	2 drs.
Yeast	

Honey, of each	½ oz.
Boiling Water	7 oz.

Mix.

Chapman's Mixture.

Take of Bals. Copaiva	1½ oz.
Spirits of Nitre	1 oz.
Gum Acacia	6 dr.
Water	4 oz.
Syrup	1 oz.
Tinct. of Opium	1 dr.
Comp. Sp. Lavend.	4 dr.

Mix.

*Hope's Mixture for Dysentery.**

Take of Nitric Acid	8 drops.
Tinct. of Opium	40 drops.
Camphor Water	8 oz.

Mix. Dose—a tablespoonful.

PRESENTED BY MR. J. CANIVAN, OF NEW YORK.

Ung. Sedativ. (Dalley's Subst.)

℞ Acet. Morph.	gr. ij.
Plumb. Carb.	gr. v.
Plumb. Acet.	gr. xv.
Ung. Simplic.	℥j.

Mix. Ft. Ung.

Troch. Ferri Carb. Præc.

℞ Ferri Carb. Præc.	℥xij.
Chocolat. q. s. ad ft.	lb.vj.

Mix. Ft. in Troch. *aa* gr. xv.

PRESENTED BY CHARLES T. CARNEY, OF BOSTON.

Liniment. Brodii.

℞ Ol. Olivæ. Ol. Terebinthinæ.	*aa* Oj.
Acid Sulph.	℥ij.

Mix. Care must be used to prevent too great an evolution of heat.

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* For the original Recipe, as publishsd by Dr. Hope, which differs from the above, see Parish's Pharmacy, 1st edition, p. 461.

Medical Department
o
DARTMOUTH COLLEGE.
HANOVER N. H.

THE SIXTY-SECOND Annual Course of Lectures will commence on THURSDAY, AUGUST 5, 1858, and continue fourteen weeks.

HON. ISAAC F. REDFIELD, LL. D.,
PROFESSOR OF MEDICAL JURISPRUDENCE.
DIXI CROSBY, M. D.,
PROFESSOR OF SURGERY, OBSTETRICS, AND DISEASES OF WOMEN AND CHILDREN
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PROFESSOR OF ANATOMY AND PHYSIOLOGY.

☞ Fees payable in advance. For the Course, $50; Matriculation, $5, (paid but once); Graduation Expenses, $10.

E. R. PEASLEE, Secretary.

Hanover, *June*, 1858.

An Excellent Chance for a Physician.

A good location, free from competition, in a pleasant country town, may be obtained on very reasonable terms. Enquire of the Editor of this Journal, at Manchester, N. H.

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THE NEW HAMPSHIRE

JOURNAL OF MEDICINE.

Vol. VIII. SEPTEMBER, 1858. No. 9.

PATHOLOGY OF THE SUPRA-RENAL CAPSULES.

The great interest which the paper of Dr. Addison excited in the profession, and the light which it apparently threw upon an obscure disease, (bronze dskin,) and the function of the supra-renal capsules, induced us to make an analysis of an admirable paper by Dr. Harley, which appeared in the British and Foreign Medico-Chirurgical Review. This analysis appeared in our March number, and we then promised to conclude it when the second part of Dr. Harley's paper appeared. The first part of this paper was devoted to experimental researches on the function of the supra-renal capsules, and the effect, upon the lower animals, of their extirpation. The second part which appeared in the April number of the British and Foreign, discusses the pathology of these bodies.

Before the publication of Dr. Addison's monograph, little was known or thought about the functions of the supra-renal capsules; they were thought to be organs which exercised their functions most actively, if not entirely, during fœtal life; and as a natural consequence of the obscurity of their physiology, almost nothing was known of their pathology. Dr. Addison, however, seemed to establish an invariable connection between a discoloration of the integument, known as bronzed skin, and degeneration of these organs; but subsequent investigations, and especially the observations of Harley, have placed this matter again *sub judice.*

In the discussion of this question, there are two important points to be ascertained: Firstly, " is supra-renal capsular disease invariably accompanied by bronzed skin? and, secondly, Is bronzed skin always associated with disease of these organs?"

Every one will see, that in order to establish an undoubted connection between diseases of these bodies and bronzed skin, both these questions must be answered in the affirmative; and at the time when Addison published his monograph, there were a number of cases which seemed to establish these facts, and some which tended to disprove them. Now, however, the case is different; and in reply to the first question, Dr. Harley cites twelve examples of extensive disease of the supra-renal capsules without discoloration of the skin:

"Professor Friedriech relates a case of extensive amyloid degeneration of the supra-renal capsules, without a trace of bronzing of the skin. He says that the organs were of normal size, but unusually hard. On being cut into, the brown cortical pigment zone was found entirely absent., On microscopical examination, this part of the organ was seen to be full of fat granules. The medullary substance was even in a still more advanced state of degeneration; the greater part of the cells being transformed into homogeneous glittering masses—a fact, as the author remarks, of particular importance in connection with the absence of any discoloration of the skin.

"Professor Friedriech in the same paper, mentions still another case, in which the supra-renal capsules are found of twice their normal size, and extensively affected with amyloid degeneration. The microscopical characters were similar to those mentioned as occurring in the other specimens, and yet there was no discoloration of the skin."

These cases we have copied in full, as being perfect and complete in every particular; the capsule being examined with the scapel and microscope, and by one whose authority cannot be disputed. Dr. Harley mentions ten other cases of a similar character; one communicated to the Bath and Bristol Association, by Dr. Davis; several by Prof. Virchow; and cases reported by Drs. Peacock, Bristowe, John Ogle, Rokitanski, and Prof. Martini, of Naples. Dr. Harley mentions a case which he examined himself, the patient having died at the Middlesex Hospital and the capsules being forwarded to him by Dr. Van der Byl:

"The capsules at first sight appeared healthy. On being cut into, however, the sinuses of the medullary part were found all united into one, so as to form a tolerably large cavity, which contained a dark, grumous looking fluid. On examining this fluid with the microscope, it was seen to contain a number of blood corpuscles, pigment granules, oil globules, and broken up nucleated cells—most probably part of the *debris* from the medullary substance, which was found no longer to possess its normal histological structure. The cortical portion of the capsules was of a dingy yellow color, soft, and exceedingly friable; so much so, that on attempting to make a thin section of it with a knife, it crumbled away before the cutting edge. On placing a small portion under the microscope, there was neither the slightest trace of loculi or fibrous matrix visible; nothing but a confused mass of cells, granules and fatty matter could be detected. In fact, it was almost entirely composed of fat globules and granules."

From notes of this case which Dr. Harley obtained from Dr. Van der Byl, it was shown that the patient was of an extremely scrofulous habit, and presented fatty degeneration of the heart, liver, and spleen; there was no discoloration of the skin.

One cannot fail to agree with Dr. Harley, after a perusal of the preceding cases, that the question, "Is disease of the supra-renal capsules invariably accompanied by bronzed skin?" is emphatically answered in the negative, In pursuing the subject, then, the second question presents itself, *i. e.*, "Is bronzed skin always associated with disease of the supra-renal capsules?"

We have seen, by one of the preceding cases, that in the investigations bearing upon this point, the organs must be carefully examined, and examined microscopically; as in the case which was examined by Dr. Harley himself, in which there was extensive disease. "The capsules at first sight appeared healthy," and this is the case in many other instances which have been quoted. In examining the cases of bronzed skin which are mentioned in this article, we find that they are generally accompanied by headache, nausea, constipation, either constant, or alternating with diarrhœa, and frequently, great derangement of the digestive system; it is by no means uncommon for the patients to be affected with phthisis or some other serious disease. This is a general view of the functional derangements which accompany the disease, which is sometimes named, after its discoverer, Addison's disease. There are other cases of discoloration of portions of the integument which occur without general derangement, and which will be referred to hereafter. We quote a case of bronzed skin without dlsease of the capsules, reported by Dr. Fricke:

' Dr. Fricke has published a case of an Irishmen, aged twenty-five, who, in the latter part of 1856, complained of debility, nausea, headache, and constipation. A month afterwards, this man was attacked with jaundice, from which he gradually recovered. Last January, (1857) it was noticed that he had a bronzing of the skin. It gradually became more decided. On the 29th of April last, the man died, and on post-mortem examination his supra-renal capsules were found of the normal size, hue, and consistence, presenting no alteration whatever. There was very marked cirrhosis of the liver."

M. Puech also communicated an analogous case to the French Academy, April 6th, 1857. It was a well marked instance of bronzed skin, which had existed for nearly two years, and on post-mortem examination, no change whatever in the capsules was revealed by the most minute examination. Cases have been reported by Profs. Simpson, Virchow, Dr. Sutton, Dr. Alexander Simpson, Mr. May, and Mr. Hutchinson, of well marked bronzed skin and *no disease of the supra-renal capsules.*

The second question then has been satisfactorily answered. Bronzed skin is not always associated with supra-renal capsular disease. That bronzing of the skin is not the result of a particular disease, or class of diseases affecting the supra-renal bodies, is abundantly shown by the experience of Dr. Addison himself, who has found it to be associated with cancer, tubercle, and a variety of other diseased conditions of the capsule. Bronzing of the skin is not due to a suppression of the function of the supra-renal capsules, as is shown by the cases in which they were absent, or absolutely destroyed, and not followed by discoloration of the skin.

Thus far, Dr. Harley has undoubtedly proved that the cause of bronzed skin is not invariably a disease of the supra-renal capsules, and now the question naturally follows, WHAT IS THE CAUSE OF BRONZED SKIN?

To this question it is as yet difficult to reply. We shall not follow closely through the remainder of the article. It is occupied by a discussion of the tints of complexion which are peculiar to different races of men, which are changed by the influence of the sun's rays, which we know to be a powerful stimulant to the formation of pigment, and the varied colors of some animals, as the chamelion, the different colors of the fur of animals and the plumage of birds at different seasons of the year. All these are extremely curious and interesting, and in the latter instances difficult to explain, but they throw no light upon the subject under consideration. There are, also, very curious cases on record, where extensive discoloration of the skin has attended gestation, and disappeared some months after delivery. Some cases of discolored skin are classed among the cutaneous diseases, as the melanopathia syphilitica, chloasma, or maculæ hepaticæ. It is sufficiently well known "that partial or even general discoloration of the skin occurs under such a variety of circumstances that it can scarcely be regarded as depending upon any one particular form of disease."

Dr. Harley has examined with the microscope, specimens of bronzed skin taken from a patient whose supra-renal capsules were diseased, and found that it presented the same appearance as the skin of the negro. He also examined bronzed skin taken from a patient with healthy supra-renal capsules, with the same result. He is unable to detect any difference between the skin of a sunburnt or freckled person, or that of a patient affected with Addison's disease, except in as far as the quantity of the pigment is concerned.

From the facts of which we have given a sketch in the preceding pages, the author draws the following conclusions :

" Firstly, That bronzed skin may exist without the supra-renal capsules being diseased. Secondly, That complete degeneration or total absence of the supra-renal capsules may occur without any bronzing of the skin. Thirdly, that bronzed skin may be associated with a variety of different morbid conditions of the system, among which a prominent one is disease of the supra-renal capsules. Fourthly, That bronzed skin may be present without any derangement of the other functions of the body being observed. The treatment of the affection must consequently be varied accordingly.

" Upon the anatomical and physiological grounds previously stated, I look upon the symptoms of anæmia, languor, debility, feebleness of the heart's action, and irritability of the stomach, not as the result of the suppression of the function of the supra-renal capsules, but rather as being occasioned by a diseased state of the solar plexus, *per se*, or by an irritation of the ganglionic system of nerves, caused by the close proximity and intimate connection of the diseased supra-renal capsules.

" The investigation is still far from being completed, and as I am not wedded to any hypothesis, if new facts are discovered which show the subject in a different light, I shall not hesitate to mould my views accordingly."

We have made the preceding analysis, under the conviction that these papers take the most rational view of the subject, of any that have been published. These views are in direct opposition to those advanced by E. Brown-Sequard and M. Martin-Magron, but we think that most of them are endorsed by MM. Gratiolet and Philipcaux. Sequard has made experiments intended to demonstrate that the supra-renal capsules are essential to life, and he offers as proof, that animals which have been deprived of these bodies by himself, have died in a few hours. In opposition to this, Dr. Harley states that he has removed the supra-renal capsules from white mice, and they have survived for months with good health. In answer to this, Brown-Sequard makes the unfounded assertion, which is only called out by this particular fact, that in albinos, the capsules have no function. But this is disposed of by the fact that colored animals have also survived removal of the supra-renal capsules.

We fear that we must still confess ourselves in the dark as regards the function of the supra-renal capsules, and that the invariable connection which Addison seemed to demonstrate between disease of these organs and discoloration of the skin, cannot be sustained.—*Buffalo Medical Journal.*

Report of Cases occurring in Bellevue Hospital, New Yofk.

By J. M. Farrington, M.D., House Surgeon.

Fistula in Ano.

Case. I.—J. D., a Scotchman, æt. 47, a carpenter, of good constitution, but of intemperate habits, was admitted to the Hospital Nov. 5th. He stated that eight years previous an abscess formed to the left of the anus, which was opened. An opening had remained at this point ever since, and by it were discharged mucus, pus and flatus, but no feculent matter. Below this opening, at the distance of an inch and a half, was a second one, with which it communicated. Careful and thorough examination failed to discover an internal opening to the fistula, although it was believed to exist, from the fact of the escape of flatus from the external opening.

The general health of the patient was good; no cough, bowels regular, and appetite good. On the 21st Dr. Wood operated, by making the fistula complete and cutting it out into the rectum. The parts were dressed daily with dossils of lint, the wound filled finely by granulation and cicatrization, and the patient was discharged cured on the 22d of December.

Case II.—A. F., a native of Scotland, æt. 30, a stone cutter by occupation, of good constitution and of a healthy family, was admitted to the Hospital January 50th. He presented an anæmic appearance, and stated that he had been suffering from intermittent fever, though he had had no attack during the five weeks prior to his admission. He had a fistula opening externally on the left side, and about an inch from the anus, and communicating with the rectum at about the same distance above. He had suffered from external hæmorrhoids for more than two years. This fistula began to form about six weeks prior to admission; the hæmorrhoidal tumors came down at that time, and were replaced by the application of ice; soon after which an abscess formed, which opened spontaneously at the site of the fistula. He had no cough, and, as previously stated, no hereditary tendency to phthisis. On the 23d, Dr. Wood operated in the usual manner, the dressings were applied, he went on doing well, but on the fifth day after the operation the patient eloped, and nothing further was ever learned of his case.

Case III.—R. H., æt. 35, a native of Ireland, a clerk, was admitted to the Hospital February 22. He was pale and feeble, and presented the appearance of one in an advanced stage of phthisis. He had a complete fistula in ano, opening externally on the right side of the anus, and internally about two inches up the rectum. His father died of consumption at the age of 54; his mother, aged 84, was still living. He had lost no brothers or sisters from phthisis.

Two years before his admission, he had an attack of hæmoptysis; he coughed up a large amount of blood, and was confined to his room for ten weeks, the sanguineous expectoration continuing during the greater part of his illness. He had, at that time, nocturnal sweats. It is probable that his illness was a severe attack of pneumonia. He recovered entirely from its effects, the cough and the night sweats left him, and he had had none of the former since; but the night sweats came on again about three weeks prior to his admission, and were still very depressing in their effects. He had suffered from both internal and external hæmorrhoids for the last fifteen years, but during the past four years they had been particularly troublesome. The discharge from those within the rectum had been copious and bloody. He had taken many remedies and used stringent enemata, and they were much better than they had been, and did not require any further treatment. For the previous two years he had enjoyed good health, excepting the annoyance given him by the hæmorrhoids. Examination of his chest revealed no evidences of disease. Six weeks before admission an abscess formed on the right side of the anus, which opened spontaneously at the end of a month.

In consequence of his debility and colliquative sweats he was put upon the use of tonics, viz., cod-liver oil, iodide of iron' and vegetable bitters. Extra diet was also ordered. His improvement was gradual but marked. His appetite soon became better, the colliquative sweats left him, his color and general appearance showed a marked favorable change. On the 3d of April Dr. S. Smith operated, by laying open the neck of the fistula into the rectum. The patient went on doing well until the 29th, when he asked for his discharge, the wound at this time being nearly closed, and general health good.

Case. IV.—M. McE., æt. 37, a laborer, of intemperate habits, came into the Hospital on the 18th of March. He stated that in September a large abscess formed on the left side of the rectum, which at the end of four weeks, opened spontaneously, and discharged a large amount of matter. It continued to discharge for several days, when it closed, but in a few days reopened, and had continued open and discharging ever since. On examination, there was found an extensive solution of continuity, having the appearance of the walls of a large abscess that had been laid open. It was on the left side of the fissure of the nates, parallel with it, and three inches in length. The upper portion of the wound communicated with an extensive cavity just beneath the integument, from which a smaller sinus extended upward. The fistula was believed to be incomplete, as, on careful and repeated examinations, no communication with the rectum could be discovered. The patient gave none of the rational signs, and auscultation failed to detect any physical evidence of tubercular deposit in the lungs. On the 3d of April Dr. S. Smith operated, laying the sinus open into the rectum. The wound was dressed with pledgets of lint, but as there was an extensive surface to be filled bo granulation, and as the patient has a poor constitution, the process of reparation has been very tedious. Stimulating applications, such as creosote lotion and iodine, have been applied to the granulations with good effect. He still (July 1828,) remains in the Hospital, though the wound is now nearly closed.

Case V.—J. G., a native of Scotland, a stone-cutter, of good constitution and temperate habits. with no hereditary tendencies to disease traceable, was admitted to the Hospital April 1st, for fistula in ano.

In December an abscess formed on the right side of the anus, which was opened; a fistula was the result, which was cut on the 5th of March by a Dispensary physician. On admission the wound was not healed, and a fistula was found communicating with it, which was cut on the 7th of April. The healing process was very slow in this case; the discharge from the wound subsequently burrowed beneath the integument of the perineum, and the sac thus formed was laid open by a bistoury on the 3d of July. The wound is now doing well, and bids fair to heal without further interference.

Remarks.—The management of a case of fistula in ano at this Hospital is usually as follows: Should the patient be suffering from advanced phthisis, no operation is ever resorted to; but if the disease is incipient, the rule with Dr. Wood is to operate, and then by a seton or issue establish for a time a drain elsewhere. If the patient be feeble or cachectic, the operation is deferred until by constitutional treatment the strength and reparative power of the patient is restored. The evening previous to the day for the operation, a large dose of castor oil is administered, and its operation is followed by a copious enema of tepid water. The contents of the bowel having been thus thoroughly evacuated, the operation is performed by introducing a large wooden director into the rectum. and a silver one into and through the fistula until it meets the first. Then a curved, sharp-pointed bistoury is passed through the fistula in the track of the silver director until it reaches the wooden one, when the silver one is withdrawn. The bistoury is then held firmly and made to cut either through the intervening tissue while the wooden director is fixed, or else both director and bistoury are withdrawn together, and thus the fistula is laid open. After the operation the wound is filled with pledgets of dry lint until the flooding is arrested, after which it is dressed daily by lint laid in lightly, so as to cause it to granulate from the bottom of the incision outward. Opium is given sufficiently to keep the bowels in a quiescent condition for several days subsequent to the operation.

Case of Ulceration of the Rectum, followed by Pelvic Abscess and extensive Peritonitis—death.

J. H., æt. 40, a native of Ireland, a laborer, of good health but of slightly intemperate habits, was admitted to the Hospital March 26, 1858. He complained of tenderness about the rectum, and said that his disease was piles. On examination, no hæmorrhoids could be seen, but on introducing the anal speculum, extensive but superficial ulceration of the mucous coat of the anterior wall of the rectum was found. He never had any illness since he was a child, or none within the last twenty years. Previous to that time he had on two occasions suffered from a fever, which was of a mild form and of short duration. He never contracted syphilis nor suffered from dysentery, and never passed any blood per rectum that he was aware of, and never used an enema.

For many years past his bowels had been alternately constipated and relaxed. After going for two or three days without a stool, the bowels would become very loose and remain so for about a week; then again constipated, and so on alternately. He had been employed for the past seven years in washing bottles at a brewery. He often found it, he said, a cold business. About three weeks prior to his admission he for the first time felt tenderness at the fundament. He did not feel it again until eight days before coming to the Hospital, when, while at stool, he found that the rectum was tender, and, to him, apparently contracted in its calibre. this tenderness and supposed contraction continued until the date of his admission. The morning before coming to the Hospital he found that he could not void his urine, but before evening the difficulty had passed.

The ulcerated surface of the rectum was touched lightly with lunar caustic, and ¼ of a pint of water containing in solution 10 grs. of nitrate of silver was ordered to be injected into the rectum twice a day. This was continued without inconvenience until the morning of the 30th, when, immediately after its use, he was attacked with a severe pain, deep beneath the pubic arch. Thinking that the pain might be due to the action of the nitrat. argent, some salt water was thrown up the rectum with a syringe, but it failed to alleviate the pain; it, however, gradually subsided, and then the injection was ordered to be used but once a day. The second time it was used a similar pain came on, and the injections were then discontinued. This was on the 1st of April. The patient wore an anxious expression, and was peculiar in his manner from the date of his admission.

Attention was now called to the abdomen, which he said was painful to the touch. His abdomen was naturally small and tense. Turpentine stupes were ordered, which relieved the pain, but a redness of the integument remained, which at first was supposed to be due to the turpentine. The scrotum became œdematus, and punctures were made to give exit to the serum. The redness of the abdomen increased, and it was soon noticed to be an erysipelatous inflammation; the tissues crepitated under pressure. Dr. Stephen Smith, visiting surgeon, now saw the case, and noticing the circumscribed tumor over the pubis, the œdema, redness and tenderness extending from below upward, the low condition of the patient, and his inability to micturate at times, thought it more than probable that ulceration and perforation of the bladder had occurred, and that this erysipelatous inflammation was the result of infiltration of urine. Incisions wore made through the integument of the abdomen, but with little effect in relieving the œdema. A lotion of acetate of lead and opium was applied. The urine was mostly voided without the use of a catheter, though it was necessary to relieve him occasionally by its use. The urine contained no albumen, but a slight amount of what appeared to be pus with blood, was on one occasion noticed to pass from the urethra. When he was micturating, a few drops of fluid escaped per rectum, the quantity of which continued to increase until his death; it was supposed to be urine, though none of it was examined carefully.

His condition was gradually growing worse and worse. His countenance became more and more anxious and cadaveric in appearance. The scrotum began to slough; he complained but little of pain. At the time that it was presumed that perforation of the bladder had occurred, a catheter was placed in the bladder and allowed to remain 36 hours, when it was found that he could void his urine without its use. He continued to sink, and became unconscious on the 11th; from that date he lay in articulo mortis until early on the morning of the 18th, when he died.

Post-mortem examination 14 *hours after death.*—On opening the abdomen the whole of the abdominal muscles were found to be infiltrated with and dissected up and apart by a very dirty and intensely ill-odored pus. The amount of pus in the abdominal muscles and pelvis was at least 20 ounces. No pus was found in the peritoneal cavity, but there was evidence of extensive peritonitis. The peritoneum for the whole extent of the lower half of the abdomen was firmly adherent to the intestines by recently organized lymph. The pelvic viscera were removed *en masse.* An ulcer was found at the lower part of the rectum; perforating it near the verge of the anus, still higher, was a second large ulceration, extending through the anterior wall of the rectum, and communicating with a large abscess which lay between the rectum and the posterior and left side of the bladder, and extended up to the bottom of the peritoneal cul de sac that lies between the rectum and bladder. The abscess was found nearly empty; its contents had probably been evacuated with the stools of the patient during life. The bladder was found to be whole, and its perfect condition was demonstrated by filling it with water per urethra by a large anal syringe. The pus found about the abdominal muscles was probably the result of severe inflammation and consequent disintegration of these muscles, this inflammation having probably been excited by the extensive ulceration and abscess below as well as the attack of erysipelas in front. The specimen is now in the Müseum of Bellevue Hospital.—*Amer. Med. Monthly.*

TRAUMATIC TETANUS TREATED WITH OPIUM. Read before the Tennessee State Medical Society at its last meeting by C. K. WINSTON, M.D., of Nashville, Tenn.

TETANUS is a disease of the spinal nerves, followed by spasm of the voluntary muscles to which they are distributed. It is traumatic or idiopathic, as it may originate from an injury or general causes. When it occurs in infants it is called trismus nascentium.

It is my purpose, in this paper, to refer only to traumatic tetanus, or rather, according to Marshall Hall, excentric tetanus, or the kind resulting from an injury of an afferent nerve. This variety has been justly classed with the *opprobria medicorum*, and hence is invested with unusual interest.

Traumatic tetanus, as the term indicates, results from an injury upon some portion of the body during the existence of a peculiar irritability of the spinal nerves. It does not depend entirely upon the peculiarity of the wound, though it has been thought more frequently to follow laceration than other kinds of injury. It may occur during suppuration, but most frequently in the opposite condition, or when the wound has healed, sometimes weeks afterwards. Occasionally, tetanus has occurred very soon after the injury, but most generally after several days or weeks have elapsed. It usually commences with some unpleasant feeling about the neck, with difficulty in turning it from side to side. There is also some difficulty in opening the mouth, and the patient is apt to conclude that he has taken cold, and is about to have wry neck. These symptoms continue until the muscles of the neck and jaw are permanently contracted, and the mouth is closed. It is said in some cases to come on so rapidly as to fix the jaws with a peculiar crack. The same contraction is extended to the voluntary muscles generally until they are involved in tonic contraction. This is apparent from their peculiar hardness, the muscles of the abdomen, especially, feeling as hard as a board. In addition there are regularly returning clonic spasms resulting in opisthotonos, only the heels and head touching the bed. Occasionally the opposite condition, emprosthotonos, or bending of the head and toes together occurs. These clonic spasms occur at intervals, sometimes longer and sometimes shorter. During their existence, for the most part, the patient suffers excessive pain, particularly about the scrobiculus cordis, mostly from contraction of the diaphragm. The patient must suffer intensely, as is apparent to any one who has been the subject of spasm of the legs, or the large muscles of the thigh. These spasms continue with increased violence until at length the patient expires, generally, within ten days. Death seems to occur from several causes, the most prominent being the interference with the due action of the heart and lungs, and *post-mortem* examinations fail to develop any peculiar lesion of the nervous system.

The clonic spasms are readily excited by touching the surface. In fact, a stream of cold air, or even the lighting of a fly upon the face may be sufficient to excite them. In the interval between these spasms, the patient is easy and frequently disposed to sleep.

There is nothing in the condition of the general system which would indicate the peculiar involvement of the nervous system. In the beginning there seems to be no departure from healthy action. The pulse is quite natural, the secretions are not materially disturbed, in fact all the organic functions seem to be performed with ordinary regularity. The disease, as before observed, consists in a remarkable irritability of the spinal nerves. The nerves of organic life are in their normal condition. The intellect is unimpaired, and the involuntary muscles are not at all interrupted in their movements.

These views are not only sustained by experience, in the disease, but they are supported by analogy. Marshall Hall and others have shown by repeated experiments that if a turtle be decapitated, and one of the spinal nerves be pinched with a pair of forceps, that a tetanic condition of the muscles supplied by it is at once produced, thus showing not only the independency of the spinal column, but also, that pure irritation is sufficient to produce the tetanic condition. A similar condition is produced by the action of strychnine. If small portions be used, slight spasms of the voluntary muscles are produced, but if poisonous quantities are employed we have a condition exactly simulating the most violent cases of traumatic tetanus.

We have then, both from experience as well as the facts arrived at from these experiments, clear indications as to the disease in question, as also the mode of treatment. It is clear, to any one who has investigated the subject, that the treatment of tetanus has been empyrical and unsteady. In fact, if we examine practical works we shall be struck with the truth that no well defined treatment has been recommended. Various measures are referred to as having occasionally proved beneficial, but none are relied on. Bleeding, cupping, cold water, warm water, tobacco, tartar, opiates, blistering, purging, electricity, and even amputation, have been employed with only occasional success.

It seems to me that in the treatment of this disease the mind of the practitioner is not sufficiently impressed with the importance of directing our remedies steadily to what I conceive to be the point, and the only point in the case. If our observations are correct the only diseased condition to be overcome is the irritation of the spinal nerves. If this can be controlled the spasms must subside, and there is no evidence of any permanent lesion of the nerves, whereby they would be permanently disabled. In fact if the spasms be controlled we would expect the patient speedily to return to his ordinary health. It is clear then that no remedies can accomplish anything except such as have the power of controlling nervous irritability. Bleeding, purging, blistering, nauseants, &c., can accomplish no good. If we refer to the various reported cases the reader will be struck with the fact that a large majority of them have been relieved by opium or kindred remedies. This would seem to indicate that cerebro-spinal stimulants are the remedies alone applicable to the treatment of tetanus. Opium, in my opinion, is the remedy.

It may be objected, however, that opium has been tried and found inadequate. But has opium been fairly tried? We know that a remedy may be adapted to produce a given result, and yet may fail, because it is not given in sufficient quantities, or at proper intervals, or long enough persevered in. Quinine will cure intermittent fever, bleeding may relieve pleurisy, and yet both may be so employed as not only not to cure, but do actual injury. And so opium may cure tetanus, and yet be so administered as to fail. What is the *modus operandi* of opium? In the first place it is absorbed into the circulation and discharged upon nerve matter; it is a neurotic first stimulating the nervous system, and then producing sedation, with lessened sensibility. It also paralyses muscular tissue, interrupts secretion except from the skin, and disposes to sleep. Opium, therefore, produces the exact effects which we seek in tetanus, and in passing, I ask why may it not prove antidotal or remedial in poisoning from strychnine? Camphor is said to prove so, why not opium more effectually? Who will make the experiment?

It has fallen to my lot to treat a number of cases of tetanus. I had used all the ordinary and extraordinary remedies in its treatment unsuccessfully, when I determined to risk all on opium. I determined to kill or cure with opium. Its use, in the last three cases treated, will now be detailed.

Case 1.—This was a negro boy 18 years of age; had been severely whipped, the skin along the spine was cut in several places; ran away and laid out two nights in a cold barn; was found and brought home with tetanus, evidently traumatic; jaws clenched; all the voluntary muscles permanently contracted; clonic spasms every few minutes; opisthotonos. During the spasms suffered excessive pain, otherwise condition natural. Had his body washed off thoroughly and greased with sweet oil. Gave half grain sulph. morphia, to be repeated every hour until the spasms were controlled. As soon as he was brought under the influence of the morphia, spasms subsided. Ordered morphia, 1 grain, to be repeated as soon as the spasms returned, which occurred in six hours. This course was pursued. gradually increasing the morphia to three grains every four or six hours, together with daily inunction with sweet oil for 18 days, when the tonic spasm subsided and the patient recovered at once. During the whole time the bowels acted regularly, and there was no special narcotism. I do not know that the inunction was of any benefit. It was used on account of the sensativeness of the skin, a touch or stream of cold air bringing on spasm. It has long been known that oil has the capacity to lessen the sensibility of the skin, as for instance in scarlatina, erysipelas, &c.

Case 2.—This was a negro man 39 years of age; had a very painful chancre upon the penis, and when heated plunged into the river; that night was seized with traumatic tetanus. The symptoms in this case were more violent than in the former, the clonic spasms recurring every few minutes, giving him a most horrible appearance. When they came on it was necessary to hold him in bed, so great was the opisthotonos. Gave morphia, and annointed the body as in the former case. In fact he was treated in the same way exactly, except that it was occasionally necessary to use a portion of castor oil. At the end of 15 days the tonic spasms subsided and he immediately recovered.

Case 3.—This was an infant in the family of Mr. C., of this vicinity, aged 5 day. Trismus nascentium; this is a common affection in this latitude, I have seen many children die of. Had a good nurse and determined to try the effect of opium. The spasms were exceedingly violent, so much so that the life of the child was despaired of upon each return, which was every few minutes, and whenever it was moved or touched. Gave 5 drops of paregoric, to be repeated, increasing 5 drops every hour until the spasms were controlled. 15 drops produced the effect. It was repeated every two or four hours, increasing the quantity until a half teaspoonful was used by the mouth. After the second day laudanum was substituted for the paragoric. It was gradually increased until nine drops were used by the mouth, or 20 by the rectum. The spasms were shortened by slapping the face and chest with a cloth, wet in ice-cold water, or by splashing the water in the face. No oil was used in the case. On the 7th day the spasms subsided and the child at once recovered

Since the above cases I have had no opportunity of treating tetanus, So far, however, as these cases go, I am encouraged in the belief that many cases of tetanus may be relieved by opium. If I should have other cases I should in addition apply a paste of the extract of belladonna along the spine, daily, and in obstinate cases blister the spine and apply morphia or belladonna along the spine. *Nashville Jour. of Medicine.*

HÆMOSTATICS.

BY H. H. TOLAND, M. D.

Remedies possessing hœmostatic properties have long been a great desideratum in the profession. Richardson, in his recent work on the coagulation of the blood, maintains the doctrine that the actual cautery is the only agent that will infallibly produce that effect. Numerous articles supposed to possess such properties have been prepared, eulogized and forgotten. Thirty years ago, Eau Brocheirii was considered for a time as an exceedingly valuable acquisition to surgery, and many believed that hemorrhage from deep seated vessels was as completely under control as from those sufficiently exposed to be readily ligated. But experience proved the incorrectness of the statements made by its discoverer, and very soon it was not only abandoned but almost forgotten. This was composed of Vosges turpentine and dragon's blood. Subsequently, Eau Pagleiari was for a brief period considered infallible, but, being unable to stand the test of experience, was also abandoned. Recently, Benzoinated Alumina was prepared by Mentel, and recommended to the Profession as superior to any hœmostatic agent that had been employed. This, although useful, has failed to sustain the reputation it so speedily acquired, and is now regarded only as a valuable astringent.

A few months only have elapsed since Monsel, Surgeon of the Military Hospital at Bordeaux, announced the discovery of a new remedy of this character—a per sulphate of iron, or, as he calls it, a new per salt of iron—which bears a strong resemblance to the citrate of iron, and is, unquestionably, superior even to the actual cautery, because it controls hemorrhage from small vessels as speedily, and does not destroy the most delicate tissues or interfere with the restorative process.

From its prompt and exceedingly satisfactory effect in the cases given below, I feel perfectly confident in the correctness of his statements in reference to its properties. I have recently used it in three cases in which vessels of considerable magnitude were wounded, and in which great difficulty would have been experienced in applying a ligature.

CASE I.

Recently, a case of fistula in ano of long standing, in which extensive sinuses existed, was operated upon, and, in consequence of the enlargement of the vessels from long-existing irritation, the hemorrhage was very profuse from the deep seated hemorrhoidal vessels. Having obtained from Mr. Dickey, one of our most intelligent and enterprising druggists, a small quantity of the salt, (the first that was prepared in the State) it was introduced upon lint, and the effect was as speedy as satisfactory. Neither pain nor inflammation followed the application, and there was no recurrence of the hemorrhage.

CASE II.

A prominent member of the legal profession of this city had suffered for many years from an excessive enlargement of the tonsils accompanied with ulceration. On Monday, the fourteenth day of June, 1858, they were both removed. The hemorrhage, although considerable, was not sufficiently profuse to excite any alarm, and nothing unusual occurred until Thursday morning, at 3 o'clock, when the patient came to my office bleeding freely from the left side. The hemorrhage had existed for more than an hour, and was arrested for a short period by the application of a saturated solution of sulphate alumina. Nitrate of silver was then applied, which controlled it until 9 o'clock, when it returned, and was more profuse than before. The nitrate of silver was again applied, but without the slightest effect, although ice was freely used, both externally and internally. Having bled rapidly for two hours, I became apprehensive for the safety of the patient, and determined, before resorting to the actual cautery or the ligation of the internal cartoid, to try Monsel's salt, although, notwithstanding its effect in the previous case, without any expectation that it was sufficiently powerful to avert the difficulty. A piece of lint an inch in width and three inches long, saturated with water, was covered with the salt, placed upon the forefinger of the left hand, and applied to the bleedin surface, and held there about ten minutes, when the finger was removed. The flow of blood was arrested, and did not return, and two days afterwards the patient was in the street, almost perfectly well, no pain or soreness having resulted from the application. As soon as fluid blood comes in contact with the salt, a firm black coagulum is formed, absolutely insoluble in water, serum or saliva.

CASE III.

A child was brought to my office by the mother, accompanied by her physician, June 18th. She had received an incised wound on the external side of the ring finger of the left hand three weeks before, and bled profusely every time the wound was dressed. The coagulum by which the wound was closed being removed, it was filled with the salt. The hemorrhage was arrested instantaneously, and did not return.

If applied to a superficial wound as soon as made, not a drop of blood escapes, and no pain results from the application. It acts by producing instantaneous coagulation of the blood, and will be found invaluable in hemorrhage from the mouth, nose and throat, when it is impossible to litigate the vessels, and may be equally efficacious in alarming uterine hemorrhage, either active or passive. In solution it could be readily applied; it is very deliquesent, and dissolves speedily in water. I hope the Profession will give it a trial, as I believe it to be the most valuable article of this class that has ever been discovered.—*Pacific Sur. & Med. Journal.*

SYPHILITIC IRITIS.

BY W. LAWRENCE, F.R.S., F.R.C.S., ETC.

I may say, in the beginning, this has been a patient a little out of the ordinary routine of such cases—a respectable young person, coming to us in perfect health, but attacked with iritis! If we put the question of syphilitic or non-syphilitic to herself out of book, I should be disappointed if she answered it exactly as it might be wished. She comes to us from the country; she looks something like a quiet governess in a private family. Now, governesses may go wrong, I dare say, for all that you know, as well as those over whom they may be said to govern. It is very probable that we are favored with this lady's society because she has kept the thing a profound secret up to the present. All this has a bearing on the case, however, and if we make any hand of it, it will be by going slowly, as there is such a thing as idiopathic iritis, rheumatic iritis, &c.

She admitted that she had taken some medicine, but it was all Epsom salts, certainly nothing else. Well, not knowing much of what are now termed, in the phraseology of the day, this lady's "antecedents," or the amount of moral control she may or may not have practised as a governess on herself by way of example to her pupils, Mr. ——, my House Surgeon, commenced what the newspapers call a "delicate investigation." She, of course, denied point blank all syphilitic taint, but on untying the strings of her bonnet—which she was requested to do, as you saw on the day of her admission—there were some copper-colored spots under the ribbons, not as inviting as one would like; yet this was not sufficient for our purposes of a diagnosis, though it left no doubt on my own mind of the true nature of the disease; but we further made out: this is the month of May, but about last Christmas she had a discharge, attended by swellings in each groin, but she merely took small doses of Epsom salts, and did nothing else. She would not for the world have told the family surgeon. You will see the bearing of this "delicate investigation" presently: she took her salts, and rested contented that it would all blow over. Now, let us retrace our steps with this new light. About five months ago, you perceive, she had primary syphilis—it may have been very slight; she had a discharge, probably from an abrasion in the passage. Two months after she noticed the marks under the ribbons of her bonnet—viz., a scaly eruption, and now more of a copper color, yet she very probably knew of no bearing of one of these things on the other.

May 4.—Together with the previous history, we find the left eye of this governess has been bad for ten days. She was ordered strong poppy fomentation and gray powder, ter in die—eight leeches to the temple. When I first saw the muddy color of the iris, and perceived that she complained of dimness of vision, that the pupil was contracted, and did not seem to answer to the stimulus of light, I had no doubt in my own mind of its being syphilitic iritis.

13th.—I need not go over the notes of treatment; they do not present anything worthy of stopping to remark on, as you have seen the case to-day; but here, on the 13th, she is reported as "nearly well;" the leeches and gray powder have answered their purpose; the iris is again safe; and she will probably leave the hospital, thus rescued from further temporizing mischief.

Now, gentlemen, this history interests us all as surgeons. You see it is made up of quiet, confidential demeanor towards even the poorest patient; and when this is adopted you seldom fail to come down to the truth; the educated sugreon will not go astray; and then, also, it teaches you a great fact, as I take it to be, in the natural history of syphilis, to be arrived at in the same manner, that you may most undoubtedly have all the phenomena of syphilis, even in syphilitic iritis, without one grain of mercury having been previously administered. Iritis is said especially to be a "mercurial symptom." Some of my colleagues and many other surgeons express themselves strongly on this point of doctrine—a doctrine I do not hold at all. This young woman, as Horace says, was striving to drive out Nature, but still it would ever keep returning—

"Naturam expellas furcas," &c.

She took no mercury; she dosed herself soberly with salts; but still we have the usual course of natural symptoms—an abrasion or an ulcer, probably getting well by cleanliness, and not using any irritating washes; then muco-purulent discharge, next buboes, all cured for the time by salts; then the inexorable spots under her ribbons, as completely copper colored as ever I saw, and now iritis; but all, I am firmly satisfied, generated without mercury!

You probably know that the surgical world is divided into two opposing, if not hostile, camp: the mercurial and non-mercurial plan of treatment having each its ensign flying, and some battle—some knights arrayed with their hosts on one side or the other; but of the natural progression of syphilitic symptoms, even as far as iritis, without the agency of mercury, I have had no doubt whatever; indeed, this single case—every bit of which is now coherent and simple—proves it. Do not be misled, then, by the supposition that diseases of the iris or periosteum are due to mercury more than to syhilis, for diseases of the iris brook no delay if you wish to preserve the integrity of vision in the organ.—*Medical Circular.*

ON THE TREATMENT OF ERYSIPELAS WITH IRON.

BY G. W. BALFOUR, M.D.

In consequence of having witnessed the cure of a case of erysipelas treated with iron, under the joint care of Dr. Charles Bell and myself, and also in consequence of Dr. Bell's assurance of its great and unfailing success, I was induced to give this method a trial, and this the more readily that opinions were very much divided regarding the proper treatment of this disease, and I myself had no great confidence in any. Since that time I have treated all my cases, upwards of twenty, with iron, and have had no cause to regret my doing so. On the contrary, erysipelas is one of the few diseases for which I now believe we have a certain and unfailing remedy, and this whether it be infantile or adult, idiopathic or traumatic. The first case so treated was a highly scrofulous woman, with erysipelas of the scalp, arising from irritation of two large sores on it. She was cured in three days. The second was a man with erysipelas of the foot and ankle; cured in two days. The third was a case of traumatic erysipelas of the scalp in a woman; she was ill for a day or two before being seen, but was cured in about five day's treatment. The wound, a deep cut about three inches long, was healed within a week. In short, all the cases, many of them very severe, and accompanied with high delirium, some of them phlegmonous, others vesicular. and several occurring in children, were cured in less than a week on the average. Suppuration took place in none but two—in both of whom the treatment was not commenced till after effusion had taken place. Their convalescence was, of course, more tedious. The ninth day was that on which convalescence commenced, even in the most severe cases, and *probably* the course of the disease would have been shorter even in them had the medicine been given more regularly; for so sure is it in its effects, that I can, with I may almost say absolute certainty, predict the state of the patient on ascertaining the quantity of the drug taken, and a glance at the bottle is fully as informing as to the state of the disease as a look at the affected parts themselves.

The tincture of the muriate is that preparation of iron I have hitherto employed, the dose varying with the age of the patient; the great object being to saturate the system with iron as speedily as possible and to keep it so till the disease is abated. A few doses suffice to remove the pain, and lessen the heart's action; it acts also as a diuretic, and to some extent corrects the secretions, often cleaning the tongue as well as any purgative. It never produced headache nor other unpleasant symptom, and was continued with advantage throughout the highest delirium. The only other remedy employed was an occasional purgative, and the local application sometimes of a warm poultice, and at others of simple flour or starch powder and cotton wadding, the poultice being preferred, perhaps without much reason, when the situation or extent of the part affected did not throw difficulties in the way of its application.

Its principal curative action seems, as Mr. G. Hamilton Bell supposes, to be exerted on the capillary vessels; and for this reason, that while its diuretic action is equally well maintained by smaller doses, less frequently repeated, its curative action is not obtained unless the system be saturated with it, and kept so for some time. Further, without denying that it may act as a renal purpative in disease, I may add that from some experiments on myself, it does not seem to do so in health. The quantity of the urine was much increased, by fully a half, yet the quantity of urea was increased relatively and absolutely only to so small an amount—a grain or two in twenty-four hours, as to be far within the usual limits of abberation, and much too insignificant, supposing it to be real, to account for the wonderful curative agency of the drug. On taking twenty minims of the tincture every two hours, the second and third doses produced some slight degree of tension in the head, a symptom which subsequently ceased, and did not return. At this period, too, the pulse was slightly accelerated, possibly from nervousness, it afterwards came down from 80, my usual average, to 64. The iron was taken at intervals of four days, regularly every two hours for the last twelve hours. Its diuretic action was always established within an hour after taking each dose; no iron could be detected in the urine, nor in the serum of the blood; but as this may depend on my want of refinement in chemistry, I am willing to give any chemist who may be anxious, another opportunity by repeating the experiment; for I know of no method of treating any disease more worthy of investigation, and none more deserving of adoption by the profession than the treatment of erysipelas with iron. Some have supposed its efficacy to be owing to its *stimulant* action. That this is not the case was well shown in a case I had recently under my care—a young man laboring under scarlatina, who had a patch of vesicular erysipelas over the sacrum, and one over the right armpit. Neither of these were at all influenced by the carbonate of ammonia, employed in the treatment of the co-existing scarlatina, but yielded at once to twenty-four hours' treatment with the muriate of iron.—*Monthly Journal*·

DIFFERENTIAL DIAGNOSIS OF OVARIAN DROPSY AND ASCITES.—No fewer than four cases have recently come under our notice in which patients suffering from ovarian dropsy had been subjected to prolonged diuretic and murcurial medication, in the belief that the disease was hepatic ascites. In one case, a short time ago, in a large metropolitan hospital, the reverse mistake was made, and the peritoneal cavity injected with iodine, in the hope of obliterating an ovarian cyst, which, as the autopsy a few days afterwards proved, did not exist. Rumor states that one or two other accidents of the same kind have occurred since the iodine-injection plan came into vogue, but we are not in a position to substantiate them. Facts like these prove that the differential diagnosis between these two affections is either not so generally understood as it ought to be, or else that it is a matter of extreme difficulty. Now, there is one sign which hitherto we have never found to fail, which is, we believe, as compared with its value, but little known. In more than one work on the diseases of women, we find no mention of this symptom, although in extreme cases it is the only one which is available. The sign referred to is percussion of the lumbo-lateral region. If in a case of ascites in which the distensionis so great that the hydrostatic line of level in front is not changed by posture—and it must be remembered that only in ovarian cases in which the cyst is so large as to simulate this extreme condition ought any difficulty to occur—if, in such a case, the patient be made to sit up in bed, and the loins be purcussed, it will be found that the note is the same (usually dull) on both sides. If an ovarian case, no matter how great the distension, be treated in the same way, one loin will be found to be clear, and the other quite dull. The explanation is obvious; in ascites the air-containing coils of gut float as far forward as their mesenteric attachment will permit, while in the case of an ovarian cyst, they are pushed over to the healthy side. It is not easy to conceive any condition of things, excepting entire exclusion of air from the whole tract of intestines, which could diminish the trustworthiness of this symptom. It indicates, also, with unfailing accuracy, on which side the ovarian cyst, if it exist, has originated.—*Medical Times and Gazette.*

M. VELPEAU ON THE SPECULUM.—*La France Medicale,* of the 13th of February, contains some clinical observations made by M. Velpeau, at the "Charite" Hospital, upon a case of supposed malignant ulceration of the neck of the uterus. In the course of his remarks, the lecturer stated that professional men generally overrated the diagnostic powers of the speculum; and that in nine cases out of twelve we can very well dispense with it. Both experience and reasoning tend to render the use of the speculum less frequent. This instrument, in fact, teaches us nothing respecting the volume, shape, position, or density of the organ to be examined. The only circumstance which it brings to light is the tint of the cervix, and the knowledge of this tint is often of no use whatever. The finger, M. Velpeau thinks, is far more useful: with it we make out ulcerations, granulations, fungosities, and the consistence of the cervix. Nay, the speculum often leads into errors of diagnosis, and makes us suspect lesions which have no existence. The neck of the uterus, caught by the extremity of the speculum, appears larger than it really is, and the os looks gaping; nor should it remain unmentioned, that a simple fold of the vagina is often mistaken for the cervix, and the caustic is applied where it was not intended to act. M. Velpeau, without rejecting the speculum, wishes, however, that its use may be considerably restricted, and that young practitioners should get accustomed to establish their diagnosis by means of digital examination.

We have transcribed these opinions out of respect for the Nestor of French surgery ; but it will not escape the attention of any unbiased reader that the knowledge obtained by a speculum examination is by the lecturer left entirely in the shade ; the picture is a one-sided one, as the facilities afforded by the speculum for local application are not at all mentioned. It has, moreover, not appeared necessary to M. Velpeau to state that hardly anything is to be got by digital examination (save infection) in venereal affections; and that no woman can be looked upon as thoroughly examined, when a venereal taint is suspected, if specula for the two pelvic outlets be not used.—*N. Y. Medical Gaxette.*

PAINLESS CAUTERIZATION.—M. Piedagnel has lately proposed to mix a certain proportion of hydrochlorate of morphia with caustic pastes, so as to lessen, if not to remove altogether, the pain connected with the application of such pastes. To three parts of the compound known as the Vienna powder, M. Piedagnel adds one part of the morphia salt, both in the dry state ; and the paste to be made by adding either chloroform, alcohol or water. In fifteen minutes a dark eschar is formed. As physician to the Hotel Dieu the author could use his anæsthetic paste only when ordering tissues, &c.; but it has been tried in M. Jobert de Lamballe's ward upon scrofulous tumors of the neck, and and encephaloid cancers of the foot. The patients stated that they had experienced little or no pain.—*Lancet.*

NEW HAMPSHIRE JOURNAL OF MEDICINE.

MANCHESTER, AUGUST, 1858.

PLEASANT MEDICINES.—Probably nothing has induced people to trust to the delusions of Homœopathy so much as the pleasant taste and elegant appearance of its medicines. Contrasted with the nauseous doses of ancient Pharmacy, it is not at all wonderful the fashionable and refined should reject a philosopy which prescribes only nauseous and disgusting mixtures for the promises of the mysticism which professes to cure them with the most delicate confectionery.

Till within a few years Pharmacy made few or no attempts to gratify the palates of sick people. Our forefathers prescribed their doses of Rhubarb and Jalap and their draughts of Senna and Aloes without a thought of the horror with which they were regarded by their unfortunate patients.

Within a few years, however, efforts have been made to render medicines less offensive to the eye and taste, and these efforts bid fair to entirely revolutionize our practical Pharmacy. The American Pharmaceutical Association is doing much to render medicines more agreeable as well as pure, and the public demand has brought into existence a new class of Pharmaceutists wholly devoted to preparing pure medicines in a concentrated and pleasant form. At the head of this class stands the name of Tilden & Co., who have an extensive Botanical Garden and Manufactory at New Lebanon, N. Y., where they prepare immense quantities of solid and fluid Extracts and concentrated preparations. They have lately turned their attention to the preparation of sugar-coated pills, by which means the most disagreeable drugs are made palatable to the taste as well as pleasant to the eye. They have also published a "*Book of Formulæ*," giving explicit directions for preparing their medicines for use, so as to render them both pleasant for the patient and convenient for the physician. This book makes no pretensions to be anything more than an aid to the physician in preparing from their extracts, alkaloids and resinoids, such syrups, pills and powders as are needed in practice, in the best manner. The preparation of medicines, which has engrossed so large a portion of the time and so much labor of the country practitioner is rendered to those who use these extracts, &c., but a pleasant pastime, and the pleasant character of the compounds will be especially gratifying to all who would do all in their power to save their patients from the needless inconvenience of nauseating doses. The various preparations of Tilden & Co. and their "Book of Formulæ" are for sale in this city by J. A. Perry, and A. G. Tucker, Apothecaries, and by the leading Druggists throughout New England.

Skinner's Splint.—On page 80 of Vol. 6 of this Journal may be found a description illustrated by a wood cut, of Dr. S. A. Skinner's Fracture apparatus. In No. 25 of Vol. 58 of the Boston Medical and Surgical Journal is the following:

"DR. SKINNER'S FRACTURE APPARATUS.

[Communicated for the Boston Medical and Surgical Journal.]

The mechanical contrivances for obtaining and maintaining proper position of fractured bones, have been so numerous, and in some instances of so complicated a character, that the general practitioner in the country, who has to give equal attention to all branches of the profession often finds it difficult to decide upon the particular apparatus he shall use, and sometimes almost impossible to understand the practical application of the instrument in question.

It appears to me to be a very great desideratum for the practitioner to have an efficient yet uncomplicated and economical fracture apparatus, of easy and ready application, and at the same time efficient in fulfilling the various and multiform indications required. This matter, perhaps, assumes greater importance in this locality (near Dartmouth College, N. H., and Woodstock, Vt,), because of the frequent suits for mal-practice which have taken place of late years.

The desideratum mentioned, it seems to me, can be obtained by the use of Dr. S. A. Skinner's improved fracture apparatus, manufactured by G. A. Watkins & Co., Springfield, Vt., (the sole owners of the patent right), better than by any other contrivance I have examined. The apparatus for fracture of the lower extremities particularly, commends itself as a superior arrangement. The extension and counter extension can be maintained in a direct line with the fractured bone. The suffering from the confined and fixed position of the patient, and the constant pressure upon the same parts. which is unavoidable with most contrivances, is obviated. The position of the limb can be changed, either flexed or extended, without disarranging the apposition of the bones or any of the dressings. In cases of compound fracture, the bandages may be removed for any examination or local treatment necessary, without disturbing the extension and counter extension of the limb, as the extending force is made outside of the splint. A most valuable addition to this contrivance is Watkins & Co's improved oscillating or swing splint. After the limb is arranged in the apparatus, it can then be swung on this oscillating splint, which keeps it secure from the pressure of bed clothes or injury of any kind, and at the same time permits the patient to move his limb and even his whole body in bed, obtaining whatever position he may desire.

I have not attempted a description of the apparatus, but merely wish to mention some of the advantages belonging to this interesting contrivance, and feel confident that it is the most simple in construction, easy of adaptation' at the same time efficient and economical in character, that the ingenuity of man has wrought out; and commend it to those who wish to be ready for the emergencies that are constantly presenting themselves to the physician, and which he should be ready to meet if he regards the welfare of his patient, or his own reputation and success in life.

Queechy, Vt., July 10. 1858. P. PINEO."

In relation to this article we have received the following letter:

Newport, N. H., *August* 9, 1858.

To the Editor N. H. Journal of Medicine:

Dear Sir—In Vol. 58 No. 25 of the Boston Medical and Surgical Journal, I noticed an article over the signature of Dr. Pineo, of Queechy, Vt., advertising Dr. Skinner's Patent Fracture Apparatus; also what he terms Watkins & Co's improved oscillating or swing splint. I have used the swing splint for two or three year past, and can recommend it to the profession to answer all the indications claimed for it. The one I have used corresponds very nearly with the description given in Vol. 6, No. 2, page 42 of the N. H. Journal of Medicine,* to which is added suspension screws. This was for the treatment of fractures below the knee; but I have made other improvements so that it may be converted into the double-inclined or straight splint, answering for the treatment of all fractures of the inferior extremeties, being a cheap, simple and efficient substitute for every other fracture apparatus in use.

In the summer of 1857, Dr. Campbell, then a student in my office, explained the use of the apparatus which we had in the office at that time to the agent for the sale of Dr. Skinner's Fracture Apparatus. Dr. Phelps, of Windsor informed me that they were manufacturing the same suspension frame at Springfield, Vt., as I had shown him; so it seems that Watkins & Co's splints were devised from the notes taken by their agent at Newport in my absence, as Dr. Campbell informed me that he was quite particular to make an accurate survey of my splint. I have no earthly objection to their manufacturing them at Springfield or any where else, if they are thought of sufficient value. They can be afforded for from five to ten dollars while they ask thirty or forty dollars for Dr. Skinner's.

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* "Of the patients in the surgical wards, were noticed several with fractures, two cases of fractured tibia treated by suspension, (the swing cradle) a box being fitted to the limb below the knee, the bottom of iron, sides of wood, which last were carried up by the side of the foot which it supported. The box on which the limb rested with its dressings was suspended on grooved rollers supported by an iron rod held in a frame which passed up each side of the patient, the rod being directly over and parallel to the fractured limb. The rolls or castors permitting the flexion and extension of the limb as well as vibration without deranging the fractured bone in the least. The knee joint could be relieved by raising or lowering the box, giving the limb all the freedom consistent with its security."

A friend connected with the Patent Office saw the model and offered to get out a patent: but as I place Patent Splints and Patent Medicines in the same category, I declined the kind offer. I exhibited the splint to many members of the American Medical Association, and also to many members of the N. H. Medical Society in 1857. I wish merely to claim the improvement as a New Hampshire product, and shall be happy to give any instruction or explanation to any intelligent mechanic who may wish to construct them for surgeons' use. Yours Respectfully,

THOMAS SANBORN.

We give place to these descriptions that our readers may be on their guard against any imposition in relation to this Apparatus. We are aware of the readiness of Instrument Makers to appropriate to themselves the improvements of Surgeons who are too high-minded to patent their apparatus, and we are ready to expose any authenticated case of this kind.

INVESTIGATIONS UPON THE SUBJECT OF VACCINATION.—We have received the Address of Horatio Adams, M. D., of Waltham, before the Massachusettss Medical Society at its last Annual Meeting, May 26, 1858.

This is really the best paper which has appeared on this subject for many years. It details the experience of its author in relation to Vaccination in a clear and forcible manner. We consider the following account as especially valuable:

" On the 11th of January, 1840, I made several punctures with the point of a lancet under the cuticle on the right labium pudendi of two different cows; none of the punctures were sufficiently deep to draw blood. Into each of them was introduced a pointed quill well deluged with variolous matter, and allowed to remain for half an hour.

On 15th, the punctures were barely visible, but not apparently inflamed.

On 16th, two of the punctures made on the youngest cow were more distinctly visible; in drawing the finger over them, a slight hardness was felt. None of the other punctures had inflamed.

16th. These two punctures were more inflamed and a little raised, showing a pearly white, flat top, rather small.

18th. Punctures larger than yesterday, and each capped with a pearly white. flat vesicle, with centre depressed.

19th. The punctures (now vesicles) are enlarged, centres depressed.

20th. Each of the vesicles is nearly four lines in diameter ; surface pearly white, flat, with centres depressed, areola not formed, slight crust in centre. This P. M., end of ninth day of disease, punctured one of the vesicles; found cuticle thick, spongy and breaking, like what is seen when a vaccine vesicle is early punctured on the arm. Vesicle distinctly cellular. Transparent lymph oozed from the opening, with which I charged twenty quills. Cow appears perfectly well.

21st. No material change.

22d. Vesicle larger and more full, areola forming. Dipped several quills to-day ; lymph pellucid. Drs. J. D. Fisher, C. Putnam and Gregerson examined the case to-day.

23d. Crust forming rapidly, areola somewhat increased in extent, three-fourths of an inch in diameter, round and regular, and somewhat raised above the surrounding skin. Cow eats as usual. From this date disease rapidly subsided ; a very dark crust was soon formed. On 27th, Drs. Fisher and Putnam brought me virus taken from a child vaccinated on the 21st instant, with the matter taken from this cow. The vesicle, as they both affirmed, exhibited the characteristic marks of the true cow-pox on the 6th day of the disease. Many persons were subsequently vaccinated with matter taken from this cow, and in every instance the true vaccine disease was the result."

The conclusions to which he arrives are as follows :

" Our own observations have led us to the following conclusions, viz.: that it is of the utmost importance that the first vaccination should be performed with great care; that if the suceptibility to receive small-pox is once extinguished in the system, it remains so, and re-vaccination is superfluous. In order that we may be sure that this susceptibility is extinguished, vaccination should be repeated so long as it produces any specific effect; especially should it always be repeated when the first operation has been performed at an early age, during dentition, or when disease of any kind, or a diseased diathesis, existed. Then, as so much looseness in the manner of performing vaccination, and in the selection of the virus, has been shown to exist, it would be well always, as a matter of precaution, to re-vaccinate all who may at any time be directly exposed to small-pox. If this be done, on or before the fifth day after exposure, it will usually take precedence of, or essentially modify that disease. This precautionary measure would, we believe, be entirely unnecessary could we be perfectly satisfied that the above prerequisites had been strictly observed."

This discourse has been ably reviewed by Dr. B. E. Cotting, of Roxbury, in the Boston Medical and Surgical Journal, from which we take the following:

"The selection of proper virus is urged by all as of the greatest importance. Yet, most writers intimate that it is regarded by operators with seeming indifference. The condition, health, good constitution and other characteristics of the subject, a perfect vesicle, and the proper stage of the disease, are all rightly insisted on. Dr. Adams says, p. 241, matter taken from a perfect vesicle at too late a period will produce a spurious disease; pus will be so far mixed with the lymph as to produce, when introduced into the arm of another, an inflamed sore, and a pustule, which will exert but a very feeble, if any protective influence on the recipient." Other writers equally urge the necessity of using only pure lymph, and deprecate with great earnestness the employment of any having the slightest chance of purulent admixture. If there be just ground for such scrupulous care, and who will deny it, what is to be said of the very common practice of propagating the vaccine disease by the scab? Dr. Adams has not alluded to this point, unless possibly in the sentence above quoted. He, however, as well as others, repeatedly insists upon pure lymph, free from the slightest mixture or chance of mixture with purulent matter. Now the scab must necessarily contain a large proportion of pus intimately combined with the virus. It is impossible to use the one, in dry or dissolved scab, without introducing the other with it. If the virus, so obtained, have power remaining sufficient to propagate the vaccine disease, the pus must also be sufficiently active to vitiate the protective influence. The amount of "spurious disease" and consequent imperfect protection so engendered, is well worthy of investigation. It must be very large, if the fear entertained by writers in regard to the admixture of pus has any just foundation."

LALLEMAND AND WILSON ON SPERMATORRHÆA.—We are in receipt of a new edition of Lallemand's celebrated treatise on the Cause, Symptoms and Treatment of Spermatorrhœa, to which is added the treatise of Morris Wilson, M.D., on diseases of the Vesiculæ Seminales, and their associated organs.

The work of M. Lallemand has been before the profession for many years and has been justly esteemed for its clear descriptions and valuable practical suggestions. The addition of Dr. Wilson's little treatise renders this the most complete of any work on this subject.

UNOFFICINAL FORMULÆ.

[From the Proceedings of the American Pharmaceutical Society.]

PRESENTED BY CHARLES T. CARNEY, OF BOSTON.

Liniment of St. John Long.

℞ White and Yolk of one egg.	
Oil of Turpentine	℥vi.
Acetic Acid	ʒi.
Oil of Lemon	gtt. xij.
Rose Water	℥v.

Mix.

"*Sluggs.*"

℞ Sub. Mur. Hydrarg	*aa* ℥ii.
Pulv. Gambogiæ	
Puiv. Aloe. Socot.	

Mix. Fiat pil., 5 grs. each.

Grave's Pill—for Amenorrhœa.

℞ Ferri Carb.	*aa* ʒi.
Myrrhæ Pulv.	
Cubebæ Pulv.	℥ss.
Capsici Pulv.	ʒiv.
Ext. Gentian.	℥ss.

Mix. Make pills 4 grs. each.

"*Hunter's Red Drop.*"

℞ Spirit. Lavand Comp.	ʒi.
Hydr. Chlor. Corrosiv.	grs. x
Acid. Hydrochloric	grs. x.

Miscc. Signa, Gtts. v. ter in die."

"Infusum Guthrii."

℞	Sodæ Sulph.	℥iv.
	Fol. Sennæ	℥ss.
	Sem. Coriand.	*aa* ℥i.
	" Fœniculi	

Mix. Steep in one pint water. Dose—f ℥i.

Miller's Pills—(Pil. Gambogiæ Co.)

℞.	Pulv. Scammonii.	*aa* oz. iiss.
	" Aloes Socot.	
	" Gambogiæ	
	" Sub. Mur. Hyd.	
	" Potassæ Sup. Tart.	

Mix. Make pills 5 grs. each.

Tinct. Croci Sativ. Comp. (Dr. Palmer.)

℞.	Fol. Sennæ	*aa* oz. i.
	Mannæ Opt.	
	Colocynth	oz. ss.
	Croc. Sativ.	drs. ij.
	Pulv. Opii.	scrup. ss.
	Aquæ Bullient.	oz. xii.
Infuse until cold, and add		
	Tr. Aloes et Myrrh	oz. viij.

M. Makes Oj.

Syrup. Taraxaci. Comp.

℞.	Eupatorii Perf.	oz. ij.
	Rad. Zingib.	oz. ss.
	Caayophlli	oz. ss.
	Aquæ	Oiss.
Simmer away one-third, strain and add		
	Sacchari albi	oz. vi.
	Ext. Taraxaci.	oz. iv.
	Spir. Vini Gall. Opt.	oz. viij.

M.

Tinct. Chloroformi.

℞.	Chloroformi	*aa* drs. iii.
	Tinct. Opii.	
	Tinct. Camphoræ	
	Spt. Ammoniæ Arom.	
	Ol. Cinnam.	gtts. vi.
	Spt. Vin. Galli.	drs. iv.
M.		

Tinct. Arnicæ Concentrata. (C. H. Atwood.).

℞.	Flors. Arnicæ	oz. ij.
	Alcohol 80 degs.	oz. x.
	Aquæ bull.	oz. vi.

Add the water first and soak, then displace with the alcohol.

Syp. Scillæ Aquosus.

℞.	Rad. Scillæ	oz. iv.
	Aquæ	Oij.

Digest 7 days and filter, then add

	Sacch. albi.	lbs. iij.

Boil slightly and strain.

Tr. Belladonnæ Ext.

℞.	Ext. Belladonnæ	grs. iij.
	Alcohol Dilut.	oz. i.
M.		

Dose for a child 1 year old, 1 drop, twice a day.
" " 8 " 10 " "

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THE NEW HAMPSHIRE

JOURNAL OF MEDICINE.

Vol. VIII. OCTOBER, 1858. No. 10.

HÆMATURIA ACCOMPANIED BY HÆMOPTYSIS.

EXTRACTS OF A CASE,

BY D. D. SLADE, M. D., BOSTON.

[Communicated for the N. H. Journal of Medicine.]

March 10, 1854. Mr. ——, American, wine merchant, æt. 35, single, called to consult me apon a urinary difficulty of several years standing. The history of the case was as follows :

Eleven years ago, being at sea, he fell a distance of sixty feet from the masthead of the ship ; breaking the violence of the fall, however, by catching hold of sundry ropes, until he finally lodged astraddle of one. At the time of the accident, he experienced only a momentary inconvenience ; so little, in fact, that he soon went aloft again. Twelve months afterwards, without any known cause, he passed blood in the urine ; and this continued for some time without any irritability of the bladder, and has continued at irregular intervals to manifest itself ever since. Four or five years after the fall, he commenced to suffer from great irritability of the bladder, being called upon to empty its contents every hour, night and day ; and this condition still exists. Six years after the accident, both testicles were attacked by a slow, sub-acute inflammation, coming on, as patient supposes, after a strain ; and he very soon discovered that all sexual desires were lost, and that at coition no semen was ejaculated. Accompanying these symptoms, there has been at intervals some pain in lumbar region. Patient has had good medical treatment without any benefit; is obliged to travel almost constantly on account of his business; has no hereditary disease; is of large stature, chest well developed: robust, although thin in flesh; light, curly hair, blue eyes, somewhat sallow complexion; is one of a large family who are all healthy.

At my examination, a medium-sized wax-bougie was introduced into the urethra, which passed into the bladder without any decided resistance. Although the operation was conducted with great care and gentleness, the patient experienced considerable pain. The lips of the urethra red and everted. The testicles much atrophied, and the epididymis and vas deferens on both sides extremely indurated. The urine examined, was found to contain an abundance of pus corpsules, with a few of blood intermingled, and some epithelat scales. No urinary casts. Specific gravity 1021—acid. Advised perfect rest in recumbent posture, warm hip-baths daily, anodyne enemata, and demulcent drinks.

This treatment was continued for several days with decided improvement, particularly as regards the irritability of the bladder, when the patient was suddenly attacked by great pain in lumbar region, and a very great increase of irritability. Blood passed in the urine. No marked febrile symptoms. Patient attributes the increased severity of his symptoms to bathing in a cold room. All the symptoms continued the same for a week, and the blood in the urine becoming more abundant, the aromatic sulphuric acid, and a variety of other medicinal substances were given without any benefit. Dr. J. M. Warren saw patient with me in consultation, and advised a tonic treatment, which was pursued.

April 6. Nearly a month has passed since W—— consulted me, without any material change in his condition. On entering his room this morning he informed me that he had been spitting blood—that he had done so on former occasions, and that he was subject to epitaxis, which had continued sometimes for several hours. I made at once a thorough examination of the chest; could find nothing abnormal. There was no cough or dyspnœa. Prescribed cold applications to the chest, and acid drinks. In the evening I was sent for, and found that patient had had a sudden hæmorrhage from the mouth, amounting to between two and three ounces. Pulse 60—somewhat irregular. The urine also contained blood.

This hæmorrhagic condition continued for three weeks; patient not only constantly spitting blood which appeared to ooze into the mouth, but also having an hæmorrhage of from one to four or five ounces sometimes twice in the twenty-four hours. All the usual remedies were tried in vain. No external application or internal remedy seemed to have any effect in arresting the flow of blood either by mouth or bladder. Several gentlemen of the profession saw the patient in consultation. During this time, the pulse continued good, the patient slept some, had some appetite, and there was no pain, but the irritability of the bladder continued unabated. Patient becoming rather despondent, as well he might, and being desirous of trying hydropathic treatment, in which he had faith, I very willingly yielded to his desire.

April 26. (I copy from my note-book.) Mr. —— came again under my care. Has had but one hæmorrhage since I saw him, but has continued to spit more or less blood daily. Has been continuing the use of some pills of opium and sulphate of copper which I prescribed, unknown to the hydropathic practitioner. Now appears much changed; has become emaciated, although he has strength enough to sit up two or three hours. Has some pain in chest and between shoulders; some irritability of stomach. Urinary difficulties remain unchanged. The urine contains blood and pus. Tongue clean. Pulse 64. Being desirous of continuing to be packed hydropathically by his servant, I gave my consent.

The notes of the case were continued for several weeks after this. It will be sufficient to state that the packing was continued for several days longer, and that the patient very gradually regained strength under a tonic treatment. Blood ceased to flow by mouth, but continued more or less constantly present in the urine. The irritability of the bladder remained unchanged, compelling the patient to empty it at least once an hour. I heard from the gentleman a year after he passed from my care; the urinary difficulties were the same, and he appeared in the same condition precisely that he had been previous to my examination of his case; was able to attend to his business, and in the pursuit of it was constantly travelling.

Remarks.—This case certainly presents points of more than usual interest, and I confess that I am still unable to elucidate many of them. In the first place, it is hardly possible to suppose that the fall on board ship had any connection with the troubles in the urinary organs, for a year passed before the patient experienced any of the symptoms which afterwards became so annoying; again, the irritability of the bladder had no connection with any local obstruction such as stricture of the urethra, which condition would at first sight seem to be inevitable after such violence directly upon the perineum. No such obstruction was found on examination. The condition of the testicles was owing to some unknown cause. In the second place, whence did the long continued hæmaturia proceed? Taking into consideration the pains sometime felt over the lumbar region, it is to be presumed that the kidneys were the source, although no "casts" could be found in the urine, and that the great irritability of the bladder was owing to the foreign constituents of the urine.

Thirdly, the sudden appearance of blood from the mouth, with several severe hæmorrhages, continuing, also, for such a length of time, while the appearance of the urine continued unchanged. The perfect absence of all morbid symptoms in the pulmonary organs, appreciable by auscultation or percussion; no cough, no dyspnœa, and no hereditary taint.

Fourthly, the utter failure of all medicinal substances to give relief, or in checking the hæmorrhage.

Fifthly, the return of the patient to exactly the same condition in which he had been for several years, and his continuance in the same at the last accounts.

ON THE CLINICAL STUDY OF THE HEART-SOUNDS.

BY AUSTIN FLINT, M.D.,

Prof. of Clinical Medicine and Auscultation, in the N. O. School of Medicine.

LETTER NO. I.

PROF. FENNER—*Dear Sir:* In compliance with your request, I will endeavor to give in this and a succeeding letter, prepared for publication in the *Medical News and Hospital Gazette*, a *resume* of the results of the study of the heart-sounds in health and disease, a subject on which I have of late bestowed some attention. The modern history of auscultation is to be dated from the opoch of the application to the chest of a quire of paper rolled into a cylinder, by Laennec, in the case of a patient affected with disease of the heart. But the illustrious founder of physical exploration at once directed his researches to the phenomena pertaining to the respiratory system, and, although he was the first to observe adventitious sounds, or *murmurs*, in certain cardiac affections, he accomplished, in behalf of the diagnosis of the latter, little in comparison with the results of his investigation of pulmonary diseases. This was in a great measure owing to his holding false notions respecting the production of the normal sounds of the heart. The correction of these errors by means of the investigations of Hope and others, prepared the way for a better knowledge of the physical signs referable to this organ. The importance of an accurate acquaintance with the heart-sounds in health, as regards their sources, their relations to the cardiac movements, and the mechanism of their production, is obvious to any one who has given attention to the subject. But the importance of the *clinical* study of these sounds, with reference to these points, has not been sufficiently appreciated. A dependance too exclusive has been placed on experiments by means of vivisections and on the few instances of ectopia which have fallen under observation. From these experiments valuable results have been obtained, more particularly as regards the movements of the heart. but also, to some extent, with respect to the normal sounds. There is still scope for experimental researches with the heart exposed to view. But it must be apparent, on a little reflection, that, so far as auscultation is concerned in these experiments, it involves difficulties and incidental circumstances which render it, in a measure at least, unsatisfactory and unreliable. Suppose that in an animal of large size we have succeeded in opening the chest and pericardium, so that the heart may be seen and handled for a considerable period, its movements being maintained by artificial respiration, one important normal condition is necessarily wanting, viz.: contact with the thoracic parieties; nor have we a right to assume that, after such an operation, the conditions as respects the quantity of blood within the cavities, the contractions of the walls and the flap of the valves, are such as to render the sounds faithful types of those incident to the normal state. But, irrespective of these considerations, auscultation must be practiced by applying the stethoscope immediately upon the heart, a muscular organ in almost unceasing activity. How can the sounds as thus heard, represent fairly those obtained by auscultation with the stethoscope placed upon the chest? These remarks will, of course, equally apply to cases of ectopia. A single trial suffices to show that the study of the heart-sounds thus pursued, is unsatisfactory, and, to a certain extent, unreliable. On the other hand, the *clinical* study of the normal sounds (and by this expression I mean the study by means of examination of the healthy chest,) is capable of yielding results, reliable and satisfactary, which lead to important conclusions concerning the origin of these sounds and the agencies involved in their production. If to the clinical study in health, be conjoined the clinical study in disease, together with the information respecting the movements of the heart obtained by vivisections, our knowledge of the normal heart-sound may be rendered sufficiently complete for all practical purposes—that is, so far as this knowledge is necessary to serve as a point of departure for obtaining, by means of clinical observation, an acquaintance with the abnormal modifications of the sounds of the heart, and the significance which belongs to the latter as physical signs of cardiac affections.

The importance of the abnormal modifications of the heart-sounds, as constituting physical signs of disease, have hitherto been inadequately estimated. Of the small value attached to them in this point of view, the trifling space generally allotted to their consideration in works treating of diseases of the heart, is sufficient evidence. A few sentences, or at most, a few pages only, are devoted to this subject. The attention of auscultators appears to have been absorbed by the study of adventitious sounds, or murmurs.* I am far from wishing to depreciate the value which the latter possess in diagnosis. In determining the existence, seat, and some of the effects of valvular lesions, they are invaluable. They by no means, however, meet all the wants of the diagnostician. Their presence, as is well known, is not, in itself, evidence of organic disease of the heart. The practitioner is to distinguish between organic and inorganic murmurs. This, it will be granted, may be done without much difficulty in the great majority of cases. Assuming that this is done, and excluding the rare instances in which a bellows sound accompanies uncomplicated enlargement of the heart, what information do murmurs afford beyond the fact of valvular lesions and their situation? Do they indicated the extent of damage which the lesions have occasioned — in other words, the amount of obstruction or regurgitation resulting therefrom? No one will venture to answer affirmatively the latter question. The intensity and quality of murmurs have no special pathologicical signifficance. A rough or intense murmur may be due to lesions which are insignificant, involving no immediate danger; or, on the other hand, the most serious lesions may be accompanied by a soft and feeble murmur. To be able to determine the injury which existing lesions have occasioned, is of vastly more importance than to ascertain the single fact that lesions exist, and to localize them; for, valvular lesions give rise to dangers and inconvenience only in proportion as they render the valves insufficient or induce contraction of the orifices. It were easy to adduce cases in illustration of the correctness of these statements, which will be admitted by all who have given attention, practically, to diseases of the heart. Now, the study of the abnormal modifications of the heart-sounds, taken in connection with the murmurs. is capable of supplying, in a great measure, that which the study of the latter alone is capable of affording, viz: information respecting the extent of valvular lesions, and the damage which they have occasioned. Attention to the heart-sounds in disease, moreover, affords aid, in certain cases, in the localization of these lesions.

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* It is hardly necessary to remind the reader that, conventionally, the term *heart-sounds* is now restricted to the normal sounds and their abnormal modifications; while all adventitious sounds are included under the name of *murmurs*.

In the clinical study of the heart-sounds in health and disease, the two sounds are, of course, to be made separate subjects of investigation. It is quite needless to premise that these sounds are distinguished, respectively, as the *first* or *systolic*, and the *second* or *diastolic* sound; that the *first* sound takes place synchronously with the apex-beat and the pulsation of the large arteries near the heart, while the *second* sound occurs after the systolic movement of the ventricles; that the two sounds succeed each other in a certain rythmical order, and that, combined and forming what is called the beat or revolution of the heart, they follow after successive intervals nearly or quite uniform; and, finally, that each sound and interval has a certain relative duration, the sounds differing from each other in pitch, quality and intensity, as well as in length. Proceeding to present, as concisely as possible, those points pertaining to each of the sounds, which are of practical importance with reference to diagnosis, I shall commence with the second sound. It might seem more natural to give precedence to the first sound. The reason for reversing the natural order is, that the second is the simpler sound; as regards its seat and mechanism it is better understood, and its consideration will prepare for the better study of the first sound. The remainder of this letter will be devoted to the second or diastolic sound in health and disease, and in a subsequent letter the first or systolic sound will be considered.

SECOND OR DIASTOLIC SOUND OF THE HEART IN HEALTH AND DISEASE.

That this sound is produced mainly at the orifices of the aorta and pulmonic artery, and that the semilunar valves are essential to its production, may be assumed as sufficiently established. The commonly received explanation is, that the sound is due to the sudden, forcible expansion of these valves, caused by the recoil of the arterial coats succeeding the dilatation by the column of blood propelled from the ventricles. The force with which these valves are unfolded and rendered tense, and the consequent intensity of the sonorous vibrations, will, obviously, other things being equal, be proportionate to the quantity of blood propelled through the aorta and pulmonic artery by the ventricular systole and the muscular power of the ventricles. The clinical study of this sound in health confirms the correctness of this localization. The sound has its maximum intensity above the base of the heart, at the points where the aorta and pulmonary artery approach nearest to the thoracic walls, viz: in the second intercostal spaces on either side of the chest, near the sternum.

This sound emanates from the aortic and pulmonic orifices. Now, is it true that the aortic and the pulmonic sound may be disconnected and distinguished from each other in certain situations, as has been of late maintained by some observers? Plainly, this is a question to be settled by comparing the sound heard at different points on the chest in a series of healthy persons. With reference to this and other points relating to the normal heart-sounds, I examined with care twenty-five healthy persons, selected for this purpose, noting the results at the moment of examination, and afterwards subjecting them to analysis. In nearly all of these persons, the sound in the second intercostal space, near the sternum, presented, on the two sides of the chest, well marked difference in pitch, duration, intensity, and apparent proximity to the ear. On the left side it is, relatively, more feeble, dull, distant and longer. On the right side it is more intense, more acute, nearer and shorter. These differences can hardly be due to modifications received by the sound in its transmission to the ear; and, hence, they point to a distinct source of the sound which, in health, predominates in each of these situations. Taking into view the anatomical disposition of the aorta and pulmonic artery, we arrive at the conclusion, that the sound in the second intercostal space, n the right side, emanates from the aorta, and that on the left side,

from the pulmonic arter ervation in cases of disease confirms
the correctness of this c). When the aortic valves are the
seat of lesions which pr eir play, the second sound on the
right side is impaired o g; that on the left side remaining,
and preserving its norm ters.*

This point settled, an iry arises: The second sound, as
heard in the other situ ithin and near the præcordia—at
what points is it aortic, nating from the aortic orifice, and
at what points is it pul c., referable to the orifice of the
pulmonary artery? T on plainly, is to be settled by aus-
cultation of the sound rent situations, and comparing its
characters successively aortic and the pulmonic sound as
heard in the second int space on the two sides, near the
sternum. An analysis ults obtained by examining twenty-
five healthy persons, lea following conclusions: The sounds
presents the characters istinguish that emanating from the
pulmonic orifice, in a fe es, in the third intercostal space on
the left side, and over th of the heart within the 'superficial
cardiac region.' In a oportion of instances it presents
these characters over th r boundary of the heart, just above
the xiphoid cartilage. I situations within and near the præ-
cordia, in which the seco l is heard, it uniformly presents the
characters distinctive of nating from the aortic orifice.

Other important conc e deduced from the results of the
clinical study of the se nd in health. The sound has a
strongly marked quality onveys the idea of valvular action,
and may be distinguishe alvular quality. It preserves this
valvular quality whereve heard. It does not present any
marked variations in diff uations, save, as regards intensity.
It is characterized by un , and is evidently an unmixed sound,
that is, due exclusively to e element, in these respects differ-
ing notably, from the first of the heart. As regards intensity,
it varies far less than th being affected in a less degree by
the causes which increase inish the force of the heart's action.
In the rythmical successi the two sounds at the base of the
heart, the stress appears on the second; the latter is said to
be accentuated. Over th and apex, it is otherwise; the ac-
centuation is on the first l. But without the præcordia, at
points more or less remov m the heart, when the two sounds
are heard, the second sou centuated; showing that, although
within the limits of the p dial region the intensity of the first

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* "Ce que nous ne pouvovs pro matiquement et brusquement, la nature le fai-
sans ueus, d'une mauiere graduell porter de profondes perturbations dans les fonct
tions de l'organe. comme ferait un ion; en sorte que neus considerons ces lesions
pathologiques comme de tres-bonn *ences* elintques."—*Boullaud-Lecons cliniques
sur les maladies du coeur*, 1853.

sound preponderates, the second sound is more widely diffused. This is also shown by the fact that in carrying the stethoscope away from the heart, the first sound, as a rule in health, becomes inappreciable sooner than the second. The explanation of these results of observation will appear when the different elements composing the first sound is considered.

Directing attention now to the study of the second sound in disease, we are at once brought to the practical importance of distinguishing between the aortic and the pulmonic sound. In certain cases of cardiac disease, the sound referable to the pulmonic artery becomes more intense than that referable to the aorta. Prof. Skoda, of Vienna, was, I believe, the first to call attention to the diagnostic significance of this intensification or reinforcement of the pulmonic second sound. It is at first view mysterious that there should exist a relation of sequence between this event and lesions of the mitral orifice producing either obstruction or regurgitation, or both; but well known pathological laws render it intelligible. The first effects of mitral contraction or insufficiency, are distension and dilatation of the left auricle; incidental to these effects is pulmonary congestion, and the third link in the chain of sequences is hypertrophy of the right ventricle. The increased power of the right ventricle due to its hypertrophy, and the resistance to the current of blood in its circuit through the lungs in consequence of the congestion of the pulmonic artery by the column of blood propelled by the ventricular systole; hence, a corresponding increase of the recoil of the coats of the artery after the systole. and an abnormal intensity of the second sound emanating from this artery. Intensification of the pulmonic second sound is thus a sign of hypertrophy of the right ventricle, a pathological effect, in the vast majority of cases, of mitral obstruction or regurgitation, either separately or combined. I have given the explanation of the fact, but the first question is, does clinical observation afford sufficient evidence of the fact? I can testify from considerable experience to the intensification of the pulmonic sound in the great majority of the cases of mitral lesions which have eventuated in hypertrophy of the right ventricle. The greater intensity of this sound, however, as compared with the aortic, is to be explained, in a measure, by the diminished intensity of the aortic sound as an effect of the reduced quantity of blood propelled through the aorta in cases of mitral contraction and of insufficiency. This will account, in part, for the greater relative intensity of the pulmonic sound. But, aside from this explanation, a positive augmentation of the intensity of the latter undoubtedly takes place in a large proportion of cases. The sign is valuable, taken in connection with the evidence afforded by other signs of the existence of mitral lesions, as denoting that the heart has begun to suffer from the effects of these lesions, which, until they lead to enlargement, are not attended by much danger or inconvenience. Prof. Skoda does not appear to attach sufficient importance to the greater relative intensity of the pulmonic sound being measurably due to the weakening of the aortic sound. The positive augmentation only, of course, is evidence of hypertrophy of the right ventricle. It is important, therefore, to decide, in individual cases, whether the aortic sound preserves its normal intensity or not. This can generally be done by observing, not only its absolute intensity in the right second intercostal space, but its intensity in situations removed from the præcordia, where it is usually found in health to predominate over the first sound. It is also to be borne in mind that morbid conditions pertaining to the lungs occasion greater intensity of the second sound in the second intercostal space on the left side. A tuberculous deposit near the summit of the left lung has this effect; so, chronic pleurisy affecting the left side after absorption of the effused liquid etc.

Attention to the aortic second sound in connection with the diagnosis of lesions affecting the valves and orifice of the aorta, is a practical point of much importance. The existence of lesions in this situation is shown by the presence of aortic murmers. But the characters of these murmurs furnish no evidence of the amount of damage to the aortic valves which the lesions have occasioned. How are we to judge of the condition of these valves prior to that stage of disease when enlargement of the left ventricle is proof that aortic obstruction or regurgitation, or both, have existed for a considerable period? So long as the aortic second sound retains its normal characters and intensity, notwithstanding the presence of aortic murmur, the valves are not greatly damaged. A loud murmur may be due to aortic changes which have left the valves intact, and are therefore of comparatively little consequence. This statement is applicable to a diastolic, as well as to a systolic aortic murmur. The aortic valvular sound thus becomes a highly important criterion of the condition of the valves, in connection with aortic murmurs. Immobility of the aortic valves involves suppression of the aortic second sound, the pulmonic sound remaining. Repeated illustrations of this fact have fallen under my observation. Abnormal weakness of the aortic sound will correspond to the degree of contraction, rigidity or destruction of the valves, which the lesions have occasioned. In making the weakness of the sound the criterion of the amount of damage which the valves have sustained, it is important to bear in mind that this result also occurs as a consequence of mitral obstruction and regurgitation. As evidence of the impaired condition of the aortic valves, its value is therefore lessened in the case in which, as not unfrequently happens, mitral and aortic lesions co-exist. The muscular power of the heart is also taken into account. Feebleness of the contractions of the left ventricle, of course involves a feeble aortic sound. But as the cause inducing diminished muscular power in general act on the whole heart, the pulmonic and the aortic sound are alike expelled. Both, however, are affected under these circumstances, far less than the first sound of the heart.

In another point of view, attention to the aortic second sound is of practical importance in diagnosis, viz., in the localization of a diastolic murmur. A diastolic murmur proceeds either from a retrograde aortic current, or from the direct current through the mitral orifice. The occurrence of a mitral diastolic murmur, except in very rare instances, is ignored by some writers; but I am satisfied that I have repeatedly met with instances in which it was present. The discrimination of this from an aortic regurgitant murmur, is attended with difficulty. The aortic murmur is said to be post-systolic, and the mitral murmur pre-systolic; but when it is considered that these distinctions of time are to be made within less than one third of a second, it is plain that their practical application is not always easy. Moreover, in localizing a diastolic murmur, we have not the advantage of those rules as regards difference of situation in which the maximum of intensity is observed, and the different directions in which the murmur is propagated, which are so useful in discriminating between mitral and aortic *systolic* murmurs.

The normal intensity of the aortic second sound, or otherwise, divests this problem in diagonsis of much of its difficulty. If the aortic sound preserve its normal intensity, this is evidence against the aortic origin of the murmur, and, of course, in favor of its being referable to the mitral orifice. Abnormal weakness of the aortic sound, on the other hand, is evidence that the murmur is not mitral, but referable to the aorta. I need not add that in resolving this problem, other circumstances are to be considered. My object has been simply to point out the importance of the aortic second sound in this connection.

I have endeavored in this letter to present, with great brevity, the conclusions drawn from the clinical study of the *second* or *diastolic* sound of the heart in health, together with the abnormal modifications of this sound, which are of most importance in their diagnostic bearings. The latter, not less than the former, are based on clinical studies, and, were it consistent with the limits of this communication, I could have adduced cases illustrative of the practical points which have been noticed.* I am well aware that to those readers who have given little or no attention to the physical exploration as applied to the diagnosis of cardiac affections, these points will seem obscure. This is unavoidable, and not to be regretted should any be led thereby to cultivate a field of practical medicine not less attractive than important. In a subsequent letter I propose to consider the clinical study of the *first* or *systolic* sound of the heart in health and disease.

In the mean time, I remain, with much respect, yours,

A. F.

—*New Orleans Med. News and Hospital Gazette.*

ON CROTON OIL.

By Thomas Schlippe.

The author obtained the oil which he investigated by pressing the crushed seeds of *Croton Tiglium* between warm metal plates, after they had been warmed in the water-bath. The oil-cakes were then broken up small and extracted with alcohol of spec. grav. 0.848 in a displacement apparatus. It appeared that the alcohol did not dissolve the oil, but only displaced it. For the purpose of this extraction, the author employed an apparatus which enabled the alcohol flowing off to be distilled back again. After it has passed four times through the seeds, there were two strata in the receiver. The lower, oily one consisted of 14 parts of oil and one part of alcohol; the upper, which was thinly fluid, was composed of 23 parts of alcohol and one part of oil.

The seeds were pressed while still soaked with alcohol, by which means a considerable further quantity of oil was obtained; upon this a stratum of alcohol floated. From this third oil and the preceding the alcohol was distilled away, and the oil was then collected. The oil is thus obtained in four divisions:—

1. That pressed with the aid of heat;
2. That displaced by alcohol and retained in solution;
3. That displaced by alcohol and not dissolved, but obtained as an oily stratum below the preceding;
4. That expressed from the residue of 2.

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* The reader will find illustrative cases in the essay by the writer in the Transactions of the American Medical Association for the present year.

The oils obtained by the different treatments of these seeds were of three kinds as regards their inflammatory action upon the skin. The most efficacious was that obtained from the alcohol solution; whilst that which formed the thicker stratum below this solution was far less active; but the oils obtained by the first and second pressure were far inferior even to this in acridity.

The fatty oil of croton oil, when saponified, furnished stearic acid, $C^{36} H^{36} O^4$, palmatic acid, $C^{32} H^{32} O^4$, myristic acid, $C^{28} H^{28} O^4$, and laurice acid, $C^{24} H^{24} O^4$; of the oleic acid series probably some members between $C^{20} H^{18} O^4$ and $C^{34} O^4$; and besides these, crotonic acid of the formula $C^8 H^5 O^4$ and angelic acid, $C^{10} H^8 O^4$. All these acids are contained as glycerides in the fresh oil.

It also appears from the author's experiments, that the crotonic acid is neither the caustic nor the purgative matter. The caustic matter of croton oil is a resinous body, *crotonole*, the formula of which is $C^{18} H^{14} O^4$, or a multiple of it.

The frequently peculiar odor of croton oil, which has the greatest similarity with the decoction of Senega root, is due to a product of decomposition of the crotonole. Another product of its decomposition is the volatile oil of previous observers.

The caustic matter in croton oil, crotonole, has no purgative action. The latter property belongs to another body which was not detected.

With regard to crotonic acid, the author shows particularly that it forms a member of the oleic series lying between angelicic acid and acrylic acid. As angelicic acid, when fused with potash, furnishes acetic and propionic acids, so crotonic acid gives 2 equivs. acetic acid.

$$C^8 A^6 O^4 + 2KHO^2 = 2C^4 H^3 KO^4 + 2H.$$

Crotonic acid occurs with ngelicic acid, after the saponification of the oil with solution of soda, in the nearly black subjacent fluid. This is distilled with tartaric acid; the distillate is saturated with baryta, and evaporated, the baryta-salt is again distilled with dilute tartaric acid, and this is repeated until the distillate passes over free from muriatic acid; lastly, the neutral baryta-salt is prepared, and the dry salt is heated with a solution of phosphoric acid of such strength that it boils at 224°.4 F. The crotonic acid then seprates as a limpid liquid, and floats on the surface of the fluid.

The crotonates of potash and soda are deliquescent. The baryta-salt is readily soluble, and forms an amorphous, white mass; it always smells like the free acid.

The above-mentioned soluble salts gave precipitates with many metalic compounds; at the same time the odor of the free acid was almost always perceptible, which may be due to the partial formation of basic salts. With protosalts of iron, brownish-yellow precipitates are produced; persalts of copper form pale blue precipitates, which appear nearly white in small quantities. The analysis of a precipitated copper-salt, dried *in vacuo* over sulphuric acid, gave the proportion 1 Cu to 5.7C. Solutions of lead, mercury and silver gave white precipitates. A precipitate formed by nitrate of silver and crotonate of baryta was amorphous and white when dried; it became brown, slowly, when exposed to the sun, more rapidly at 212° F., and was tolerably soluble in hot water.

Crotonate of Silver, $C^8 H^5 Ago^4$, obtained by boiling the aqueous distillate from the baryta-salt and tartaric acid with oxide of silver, was crystallized, and gave on analysis—

C	24.57	24.40	8=	48	24.87
H	2.62	2.80	5	5	2.59
Ag	55.90	56.13	1	108	55.95
O	16.91	16.67	4	32	15.59

The active matter of croton oil, to which the author gives the name of

Crotonole, is obtained in the following manner. Croton oil is agitated with a sufficient quantity of an alcoholic solution of soda to form a milky fluid; this is greatly heated for some hours, and then, by the addition of water or of solution of chloride of sodium, the milky oil-particles are driven to the surface, where they unite to form a continuous oily stratum. This fatty oil is entirely got rid of by repeated filtration through a moist filter. From the filtrate, water and muriatic acid separate another oil, which is dissolved in cold alcohol, and mixed with fresh hydrated oxide of lead; by this means a flocculent precipitate is formed, which towards the end often coheres to form a slimy mass. When the acid reaction has entirely disappeared, a little soda and a large quantity of water are added, by which the fluid is first rendered milky, but afterwards divides into a clear fluid and a clear oil which sinks to the bottom. To attain this, an addition of large quantities of chloride of calcium to the alcoholic solution was frequently indispensable. The oil thus separated is washed with water for some time upon a moist filter, and then dissolved in ether; the ethereal solution is then drawn off and freed from ether in a capsule *in vacuo*. The cronole remains as a tenacious mass, resembling turpentine. It is colorless, or of a slight wine-yellow color. The odor is weak and peculiar. In its properties it most closely approaches the alcohols.

When boiled with solution of potash or soda, crotonole is converted into a brown, resinous matter, which has no action upon the skin.

When boiled with water, or still better with dilute sulphuric acid, an oil with a mouldy odor appears to be formed; this passes over in considerable a quantity when wa fied with sulphuric acid, in which croton oil is suspended, is ; it floats upon the distillate without being dissolved in th It is only the oil that passes, at the commencement, tha orless; for it soon goes over, nearly black. Without the a of aqueous vapors, it is not distillable; for in a space exha ir to a pressure of millims. nothing could be distilled eve F.; but by this means it became black and entirely lost th y odor; it had also become far more soluble in ether. Th oil obtained by pressure contained 4 per cent. of crotonole.— *Chem. Gaz., July 18th,* 1858, *from Liebig's Annalen.—A Jour. of Parmacy.*

ARSENICAL POISONING—A C IN SUBNITRATE OF BIS

By Dr. Robert ers,

Professor of Chemistry in the U y of Pennsylvania.

Dr. Rogers called the attention of ollege to a recent case of suspected poisoning with arsenic, culiar circumstances of which, as developed in the course of al investigation, rendered it unusally interesting in a medic point of view.

The trial was suddenly cut short, a accused party of released, on account of an accidental im discovered by him (Dr. Rogers) in the medicine which had b ministered by the attending physician of the deceased.

His object was not to discuss the ce of poisoning in the case, although he had no doubt that, l the facts elicited at the trial at his command, such a discus uld both be interesting and instructive; he wished to refer the point already alluded to as having terminated the prose and, at the same time, to put the Fellows of the College o r guard against an accidental impurity of a common rem ich had been hitherto unsuspected, viz., the presence of *ar acid in the subnitrate of bismuth.*

Dr. Rogers was unable, from his o wledge, to detail the history of the case from the beginning. nnection with the investigation dated only from the time wh stomach and intestines were brought to him carefully separ m other parts of the body, and for chemical analysis *alon*

The examination was conducted ex y for arsenic, since that substance was known to have been procured by the accused; while there were other circumstances tending to create the suspicion that it had been criminally administered.

The stomach and alimentary canal contained a very small amount of pulpy matter. This, taken from the stomach and then from successive proportions of the bowels, was analyzed, and in each case exhibited the presence of arsenic.

The material of the stomach itself was next examined, and likewise found to contain arsenic. The bowels were then divided into five equal lengths, and each subjected to the proper tests, and with the same results.

The presence of arsenic in all of these experiments was not only unmistakable, but very decided in amount. How much the patient had swallowed, even presuming that it had been given with intent to poison, it would have been impossible to determine by the most careful quantitative examination, since copious vomiting and purging had prevailed during several days, and up to a short period before death, so that the stomach and bowels were almost completely emptied of their previous contents.

The presence of the arsenic in the substance of the tissues examined naturally induced the presumption that it existed in the liver, lungs, and other portions of the body of the deceased. He regretted that he had not the opportunity to ascertain the fact, as nothing had been preserved and sent to him except the parts referred to, nor were these in a condition to enable him to recognize either the presence or absence of the physical signs of irritation or inflammation, such as might have been expected in a case of arsenical poisoning.

Hence, in the absence of an absolute amount of arsenic adequate to destroy life, the mere fact of the discovery of a poisonous adulteration of the medicine administered was considered sufficient to invalidate the evidence against the prisoner, and to justify her immediate acquittal.

During the early days of the trial, nothing occurred to indicate that arsenic had been administered as an adulterating substance of the medicine directed by the prescribing physician. At a later period, the court called for a copy of the prescription which had been ordered by the physician, and subnitrate of bismuth appearing as one of them, Dr. Rogers directed his efforts to determine how far that substance was pure.

He was unable to procure a specimen of the identical subnitrate which had been administered, not succeeding in finding the druggist who sold it, but obtained a number of samples from individuals throughout the city, and prepared, many of them, by different manufacturers.

Of ten specimens, some of which were imported, which he examined, all were found to contain arsenic with the exception of two.

He did not experiment to ascertain the percentage, but inferred it to be small, too much so, he presumed, to have any material effect, except in long continued and unusually large doses. It was not shown in this case, nor was it probable that enough could have been taken in that way to produce the vomiting and purging, much less the fatal result. It was to be remembered also, that the symptoms attributed afterwards to poisoning, had begun and continued for some time before the bismuth had been taken.

He then exhibited to the College the result of some of his analysis in the arsenical rings deposited within the tubes employed.

He remarked further that the druggists applied to, for specimens or samples, did not appear to be aware of any liability to this kind of impurity in subnitrate of bismuth, a fact which rendered it still more desirable that the subject should be brought before the notice of the College—since the usual mode of preparing the subnitrate, unless great care was taken in washing the product, rather favored the presence of arsenic acid, unless the bismuth from which it is prepared be pure.—*Trans. Coll. Phys. of Philad., in Am. Journ. of Med. Sciences.—Am. Jour. of Pharmacy.*

SIMPLE ABSCESS OF BONE, WITH ENLARGEMENT.

BY WM. BRODIE, M. D.

The subject of Abscess in the body of Bones has received but little attention from the writers on Surgery, if we may judge from the reading of their works. Why such an important condition of the osseous tissues should have been so neglected we can not surmise, especially as, judging from our own experience, it occurs so frequently. Brodie, Mayo, and Arnotte, have each written on the subject, but to Rokitansky are we most indebted for what we know of the changes which take place in the production of this disease.

In the case under my personal observation the tibia has been the seat of the disease, and the middle of the bone the point of selection. Why this bone becomes the seat of an abscess, in preference to any other, most probably arises from its greater exposure to external agencies, and also to its greater solidity. A nucleus of pus, having once formed, is confined to its own cavity, and hence can not escape except by direct ulceration: this, from the nature of the tissue involved, is a slow and, to the patient, a painful process;—indeed, in the cases reported below, there seemed no tendency towards an external outlet. Dr. Thomas M. Markoe, in an able article entitled "Chronic Sinuous Abscess of Bone," in the May No. of the *New York Journal of Medicine*, has graphically and truly delineated that class of cases in which the "inflammation of the bone begins as an acute attack, passes rapidly into suppuration, and in which the abscess thus rapidly formed finds its way early to the surface." We have met with such cases as the above, and the contrast has led us to examine whether or not they are pathologically different.

In Simple Abscess there appears no tendency to either caries or necrosis; the part affected becomes preternally enlarged and extremely hard, indeed, so much so as to be opened with considerable difficulty; the bone-tissue is dense in structure, and appears as though the Haversian canals had become twisted upon themselves, similar to that structure seen in wood, and particularly the "Bird's-eye Maple." The abscess cavity presents a smooth appearance, is lined with a granular membrane, and is oval in form. The periosteum is very much thickened, and closely adherent to the bone; the integument generally free to move, and does not seem implicated by its connection with the parts below.

In two of the cases, the bone was very vascular, and the membrane lining the abscess cavity bled freely, upon being pressed by the probe.

The first case of the kind came under my observation in the summer of 1854, in the person of a Mr. Sevier, a young man of about twenty-five years of age. Until within two years of my seeing him he had followed the occupation of a sailor, and, from his own accounts, had seen many hardships and much exposure. Having, as he said, met with a "change of heart," he determined to study for the ministry, and was then prosecuting his studies. Soon after he retired to private life as a student, he was taken with a pain in the upper part of the middle third of the tibia, and the bone began to enlarge both in its long and short diameters. The pain he described as excruciating, and it seemed to him as though his leg would burst. He applied poultices and other emoelient applications, but still no relief. He then consulted a surgeon in Chicago, who advised him to have his limb amputated, to which he would not assent. Blisters were then applied, which gave him some ease, together with large doses of morphia. Upon his arrival in this city, he consulted Dr. Pitcher in reference to his leg. Dr. P. diagnosed the case as one of Abscess of the Bone, and recommended an operation for its removal, to which he readily assented. He was then put under a mild alterative treatment for a few days, when, in the presence of Drs. Pitcher and Terry, I proceeded to the operation. Mr. S. was then put under the influence of chloroform by Dr. P., and assisted by Dr. Terry, I made a free incission down to the bone, the whole length of the tumor; I then dissected back the lateral flaps, and applied the trephine to the bone. This was found to be so hard that the instrument made scarcely any impression. It was laid aside and the chisel used in its stead. A mortice was dug an inch in depth, when the chisel passed readily into the cavity, and about a teaspoonful of pus escaped; the opening was enlarged to the size of the abscess, and the cavity well scraped. A good deal of hemorrhage took place from the bone and the walls of the abscess. The cavity was filled with lint, and warm water dressing applied. From this time the patient felt no more pain, and rapidly recovered his health. The leg healed without any difficulty.

In this case the integument was free over the periosteum: the periosteum was much thickened and very dense; the bone was enlarged to double its size, and extremely hard. The case was interesting, as it was the first of the kind I had seen, or even heard of.

The second case was in the person of James Greene, a colored man, aged forty years, and by birth a Virginian. In 1851, he was seized with a pain in the tibia in the upper part of the middle third, which he described as of a grinding character. Local applications relieved this in a measure; at the same time, the bone began to grow. The enlargement of the bone and the pain continued, the latter increasing so that he could get no rest, and his general health began to suffer in consequence. In June, 1856, he was admitted into St. Mary's Hospital, where he came under the observation of Dr. Pitcher and myself. We found the middle of the tibia enlarged to nearly treble its natural size, but no adherance of the integument, or evidence of any inflammatory action. Deeming it a case similar to the former, we proposed an operation to him, for his relief, to which he readily assented. He said he had been under the care of several distinguished surgeons, who had tried every means that he could suggest, short of an operation. The patient was then put under the influence of chloroform; when, after making a free incision through the integument and thickened periosteum, I proceeded with the chisel to open the bone. This was found to be a difficult matter, as it was hard as a stone, and quite as brittle. An opening one-half inch wide two inches long, and one inch deep, was made, when an arterial vessel was opened, which bled profusely; this was plugged, and the evacuation continued. At the depth of one inch and a half a small abscess was found, of the size of a bean; this was removed, and the cavity formed by the operation, filled with lint, and warm water dressing applied. The next day he said the pain was completely gone. The opening soon closed by granulation, and he left the hospital. In May last, I saw him again, when he informed me there had been no return of the pain, and that he was perfectly well, having increased twenty pounds in his weight.

In April of the present year I was consulted by Mr. P. O'N. of this city, who gave me his history as follows: In the spring of 1850, while learning the trade of a tanner and currier, he was seized with a pain about the middle of the leg, and extending downwards to the ankle; this continued for two months, when the bone began to swell at the place where the pain first commenced. He then consulted a physician, who ordered him to blister the swelling; this he did for three months, when the pain left, and he again resumed his work. However, there was no decrease of the swelling, which remained, but gave him no trouble until the spring of 1851, when, on the approach of bad weather, or by over-labor, he felt pain, but not enough to deter him from his work. In the month of March, 1858, the pain again returned, with increase of swelling. The pain did not trouble him by day, but at night was so severe as to destroy his rest. This continued with no abatement until the end of April, when I first saw him; he now got no sleep by night, had lost his appetite, and was losing his flesh. I ordered him a cathartic, and also to apply the tincture of iodine to the swelling, which upon examination I found to embrace the lower part of the first third of the tibia and the upper part of the middle third. I considered the case as one of Abscess of the Bone, and thought, by the application of the iodine, to control the further formation of matter. The remedy gave him some relief, but in a few days the pain returned with greater severity. I then proposed to him an operation for the evacuation of the pus, to which he submitted. On the 5th of May, assisted by Drs. Stebbins and L. H. Cobb, I proceeded to the same, by making a free incision the entire length of the swelling, which was about five inches in length. The skin was loose, but the periosteum was nearly one-half inch in thickness; this I dissected back, fairly exposing the bone; with the chisel, I mortised an opening one and one-half inches in length; the bone, as in the former cases was excessively hard. Having excavated the bone to the depth of one and one-half inches, the chisel entered the abscesscavity, when nearly two tablespoonfuls of healthy looking pus escaped; the abscess cavity was then fairly opened, and completely removed. As in the former cases, there was considerable hemorrhage from the bone. The cavity was dressed by filling with charpie, the application of a bandage, and warm water. The patient inhaled chloroform, with a total relief from all pain.

Unon the return of consciousness Mr. O'N. remarked that his old pain was entirely gone. The wound went on healing kindly, and only a few days since but a small portion of the integument remained to be closed. The cavity in the bone filled with granulations. There has not the least return of the old pain. The patient has perfectly recovered his health, and weighs more than ever in his life before.

An interesting question naturally arises, Whether the Abscess is antecedent to or consequent upon the bony enlargement? If the former, have we any means of diagnosticating the same, as to do so would save the patient from an intensity of suffering by its immediate evacuation?

It would seem from the bony enlargement being equal on all sides, that the point of irritation and consequent inflammation would have its seat in the centre of the bone, and that during the early stages of the disease a determination of blood takes place to the part, affording a greater supply of nutrition and consequent increase of structure. From the history of the cases themselves, we are led to the opinion that the Abscess is the first to form, at the same time are free to confess to some doubt;—further investigation may solve the difficulty. In reference to the proper treatment we would advise the early opening of such enlargements; for should the same contain pus, speedy relief will be guarantied to the patient; and even should no pus be found, the free opening of the enlarged and inflamed bone would most probably prevent its formation.

We have recorded the above cases, that the observation of others may be called out, and that the disease of which we now know so little, may receive its proper share of attention.—*Peninsular and Independent.*

DETROIT, June, 1858.

THE PRESENT ASPECT OF CONSERVATIVF SURGERY AND THE CHLOROFORM QUESTION.

A man properly imbued with the idea of curative or conservative surgery must calmly study Nature—he must forget self-interest. Oh! do not for mere *eclat* of operations, as do some, commit some crime—I was almost inclined to say, do not do anything to your patient, be he rich or poor, that you would not after the gravest study wish to be done to yourself in similar circumstances! That, indeed, must be your guiding rule in all your medical intercourse with the sick, but more particularly in this department. Remember, if you save a man's arm, to him it is almost equivalent to his life, as it is the means by which he lives.

You may depend on it that Nature has a disposition to effect singular cures if we only did not thwart her designs. Nature is usually at work building up healthy tissues. I believe this is evident in a large majority of surgical cases. Look at the broken bone uniting sometimes, no doubt, there was side by side with such healthy physiological action a certain pathological or diseased action or element, but let us take care that we do not encourage the latter in the place of the former; say that we bleed in a fever where we ought to give wine, then the disease gets ahead; or say that a patient dies of amputation or resection, where such operation was unnecessary.

But what evidence can I bring that Nature as we find her in hospitals, is not always going wrong? I now remember the wards of St. Bartholemew's Hospital for a period of about forty years; and if I look back at amputations, for instance, I find they are diminishing in number year by year. What is the secret of this? I'll tell you. Nature now cures hundreds of cases that were formerly mutilated and amputated. Do yon think we have in this department but reached the goal, that we have nothing like steel or cod-liver oil in strumous cases, for instance, totally unknown forty years ago, yet to be discovered? Is chloroform nothing?

I am sorry to say, too, that the more remote the distance from London the worse do things appear to become, so firmly rooted do old prejudices keep their hold where once they have been implanted. In one small provincial hospital, with forty surgical beds, I have recently known there to have been more mutilations or amputations in one year than there were in the same year (of twelve months) in all our 340 surgical beds in St. Bartholomew's. The fear of using chloroform—another error—adds to the horror of such old-world wisdom; all professions, perhaps, even to the judges on the bench, are "infirm of purpose," if it comes to be a matter of common sense *versus* some old precedent or rule—in other words, a matter of *esprit de corps*. Still even this latter must occasionally yield to the public learning things themselves.

There is no large or capital operation in surgery that is not undergoing a change in the direction of greater simplicity. Where are our pulleys in recent dislocations of the hip? What improvement ever equalled that of the introduction of chloroform, of anæsthetics? Pain abolished at one glorious sweep; you know that even within your memory, let cavilers say what they please, it has become the recognized practice of all good surgeons in America, Asia, and Europe to administer chloroform. Let no silly errors persuade you to the contrary.

Let us take lithotomy operations again, and compare them with lithotrity. Yet though the appliances and means of lithotomy are more brilliant or improved (I now speak of the lateral operation,) the deaths are at lest 30 per cent; those of tithotrity, which is superseding it in private practice, are only 5 per cent.

Does the conscientious surgeon treat surgical aneurism now in the same manner that surgeons of the last century did? No! We have been compelled, by the facts brought forward by the Dublin surgeons, to adopt the mode of cure by compression; it is not so brilliant or full of *eclat*, yet it is eminently conservative, and saves many valuable lives. Some London men say they like a cut at their cases, but the short and best cut of a case of aneurism is to cure it, and that is effected by pressure; the amputations and deaths after ligature, for popliteal aneurism, were something terrible and enormous a few years ago; now we hear of internal aneuisms cured by specific methods.

Old dislocations are now reduced in people of advanced years, even at sixty, though Sir A Cooper advised the opposite, and in the manipulation of other cases under chloroform it is marvellous what may be done. These are the cases that will make or mar you in practice.

I would say to you, in conclusion, it is your duty, it is your mission, and there is no nobler one, to save limbs and to save life in every possible manner you can; the sooner you forget mere *eclat* the better. Take care that much of the *esprit de corps* I speak personal of is not pride and self-esteem.

You may rely on it, considering our increasing knowledge of therapeutics, that we have not yet tested Nature's own conservative surgery enough, and we deprive Nature of much of the credit that is justly her due.—*Montreal Medical Chronicle.*

MENTAL EXCITEMENT A REMEDY FOR DISEASE—CURIOUS CASES.

By John Y. LeGrand, M. D., of Harrison Co., Miss.

In the year 1829, I resided at Randolph, a small village on the bank of the Mississippi river, and sixty miles above Memphis. In the months of June and July the prevailing fevers were of the ordinary intermittent and remittent types. During the months of August and September, algid, congestive fever prevailed extensively. It is not my design to write the history and treatment of these different types of fever, but to publish some facts illustrative of the powerful influence of high mental excitement, in arousing the system from the worst forms of collapse, which so often occur, as the closing scenes of congestive fever.

Case First.—Mr. Good, an old Methodist preacher, was attacked with congestive fever in the absence of his family. Passing his house late in the night, my attention was arrested by hearing a deep groan. Entering the house, I found him pulseless and completely drenched with a cold perspiration. I had him removed to my office, and, with the assistance of my friend and partner, Dr. Robert Bedford, treated his case. All the ordinary remedies for producing reaction were used without the slightest benefit. He remained pulseless and cold, with blue shriveled skin, covered with cold sweat, for four days. His limbs lay motionless, wherever they were placed. Attempts to speak produced a noise like the blowing of a Muscovy drake. While I was expecting every moment to see him breathe his last, some ladies visited him, and standing around his bed, sang such hymns as they thought suitable to his condition. While singing one that he was notoriously fond of. he attempted to join them, but only made the old Muscovy drake noise. As they sang the last couplet, he sang with a loud and clear voice. When they had finished, he sprang up in bed and commenced clapping his hands and praising God more loudly than I ever heard any man in my life. This exercise continued more than a half hour. At its close, reaction was perfectly established. His pulse was full and firm, his skin warm, and his voice natural. He recovered rapidly. Without that mental excitement he must have died in an hour. I have never believed that Dr. Bedford and myself were entitled to the credit of curing old man Good. The singing and the joyful hopes of Eternity, which belong to the Christian, alone cured him.

Case Second.—In the year 1830, my own father was aroused from as deathly a collapse as Mr. Good's, by my reading to him a letter from my step-mother, in which she related the triumphant death of an old Christian friend. My brother, Dr. William S. LeGrand, now of Washington, Texas, and I were his physicians. The letter from my step-mother had been recived two days, but we were afraid to speak to our father about it. At length, when all hope of recovery was abandoned, I proposed to my brother to read the letter to our father, that he might be happy. Before I reached the close of the letter he commenced rejoicing aloud. Reaction and rapid recovery were the results. Mental excitement produced by the Christian's hope of acceptance with God cured him.

Case Third.—A similar case occurred in the hands of my brother then residing in Madison County, Misissippi. His patient, Mr. William Moore, lay so long in a pulseless, collapsed condition, he thought all hope of recovery was gone. He thought it his duty to advise Mr. Moore to make a will, so as to secure into his wife's hands the means of supporting and educating his youngest children. After the will was written and signed by my brother taking Mr. Moore's fingers in his own hand and writing his name, the old gentleman asked for his wife and oldest children. He commenced conversing with them by saying, he was about to die, but, thanks to God, he was not afraid to die—that God, for Christ's sake, had forgiven his sins, and was now about to take him to Heaven. He then exhorted them to prepare to meet him in Heaven. In a short time he commenced rejoicing aloud and praising God for his goodness. The result was perfect reaction in a few minutes and a speedy recovery.

Case Fourth.—Some years after the occurrence of the foregoing case, my brother had one of similiar character in the person of Mr. Simeon Stigler of Holmes County, Miss. After having tried all the usual remedies for producing excitement, and despairing of success, and recollecting the happy results of religious excitement in the foregoing cases, he determined to try its effects on Stigler. He commenced by asking him, whether he thought he would know his wife in Heaven. He replied, certainly he should. My brother then continued to speak of the hopes of the Christian and the glorious prospects of Eternity, till he got his patient's feelings thoroughly enlisted. The result was reaction in a few minutes and perfect recovery in a few days.

I am satisfied the religious element furnishes the judicious physician with a stimulus better adapted to the treatment of collapse from congestive fever and cholera than any thing on earth. I do not mean that religion alone furnishes the physician with the means of producing a high degree of mental excitement, but that, with religious men, there is nothing that so surely and perfectly rouses the whole man. If a very high degree of mental excitement can be produced by any thing else, greatly interisting the patient's feelings, the result will be the same. I once related the foregoing cases to an intelligent gentleman, who was not a physician, and was told by him he had once seen the same effects produced by sudden anger. The most astonishing case I have ever witnessed, occurred with a nephew of mine, a child not three years old. The child had been named for me and I had made a great pet of him. On arriving at my brother's house, he told me the child was in a perfect collapse and had not opened his eyes for half a day. As I entered the room, my sister screamed and called my name. The child opened his eyes and smiled. I took him from his mother and exerted myself to the utmost to please him. In a very short time his pulse returned and his skin became warm. Perfect reaction took place in a short time followed by recovery without a particle of medicine being administered.

The foregoing cases are certainly most interesting, and we record them in our journal more than willingly. The power of the mind over disease—for exerting both good and evil—has always been recognized by the profession, and no observing man can practice medicine five years without witnessing the effects of mental excitement. The abrupt entrance of a stranger into a lying-in room will put a stop to normal labor, and faith in a bread pill has been known to cure many an imaginary pain. Shred quacks often take advantage of, and the physician too often neglects, this valuable adjuvant.—*N. O. Medical News.*

NEW HAMPSHIRE JOURNAL OF MEDICINE.

MANCHESTER, OCTOBER, 1858.

A New Edition of Watson's Practice.—We have received from the Publishers, *Blanchard & Lea* of Philadelphia, a copy of their new edition of this great Standard Work. Wherever the English language is spoken, this is the most popular work on Practice extant. Since its first appearance in 1843, it has steadily increased in favor until it stands confessedly at the head of Systematic Works on the Practice of Medicine.

The simplicity of style and unpretending honesty which characterize it are alike attractive to the young student and the old and learned practitioner.

The new London edition from which this is reprinted has been carefully revised by the author and large additions made to bring it fully up to the requirements of the day.

The moderate opinions which have obtained to such an extent since the appearance of the first edition have made that impression upon the mind of the author which those who appreciate his candor and honesty would be prepared to expect.

Alluding to the opinions of Louis and Hughes Bennett that Venesection is unnecessary in Pneumonia and other acute Inflammations he makes use of the following language: "Now although this, in my humble judgement, is a mistake, although venesection and tartar-emetic are still, in my opinion, the proper remedies for the early stages of flagrant forms of thoracic inflammation with which our predecessors were dealing when on the basis of experience they put these remedies in force and recommended them to others, I do not profess myself a partisan of any extreme views in the matter, either theoretically or practically, my own experience teaches me that such flagrant and sthenic forms of pneumonia have become very rare among us. Years have passed by since I have met with any instance of that disease which has required phlebotomy. I may say much the same of inflammatory diseases in general. They have all, as I firmly believe, been less tolerant of blood-letting since the cholera first swept over this country in 1832; I may be fanciful, but I think that great epidemics, such as those of cholera and of influenza, leave traces of their operation upon the health and vitality of a community, long after they have ceased to prevail as epidemics. But while, upon these great questions, the profession remains unsettled and divided, I would have you be cautious observers, rather than eager disciples."

This we feel to be the honest sentiment of observing men who are not blinded by the name of a disease or the weight of authority.

It is needless to say that every student and physician must have Watson's Practice at his elbow, for any one who would try to learn or practice medicine without its aid must be an object of pity, but we must pronounce this edition infinitely superior not only to all other works on practice, but to every previous edition. Price $4.25; pp 1224.

MIND AND MATTER: OR PHYSIOLOGICAL INQUIRIES. *In a series of Essays intended to illustrate the Mutual Relations of the Physical Organization and the Mental Faculties.* BY SIR BENJAMIN C. BRODIE, BART. D. C. L., Vice-President of the Royal Society; pp 279. *Published* by S. S. & W. WOOD, NEW YORK.

Without claiming the dignity of a great work on Metaphyics, it sets forth very clearly many of the natural relationsof mind and matter. The form of dialogue is well adapted to a work of this character as it gives opportunity to analyze the arguments pro and con in a natural relation.

To those of our profession who wish to study those relations of mind and matter which more immediately concern their every day duties, we would recommend to send one dollar to the publishers who will return the book by mail Post Paid.

PHYSIOLOGY, PATHOLOGY AND THERAPUETICS OF MUSCULAR EXERCISE: A paper read before the Cook County Medical Society and published at their request. BY W. H. BYFORD, M. D.

This essay presents in clear language the necessity as well as curative power of muscular exercise. The following is worthy of attention:

"There is also a kind of exercise too that is available to the poor prostrated bedridden patient that I doubt not may be advantageously used on certain occasions. I allude to what I call static muscular exercise. It consists in the voluntary contraction of the muscular fibres of the limbs, so as to retain them in the position they happen to be placed. The patient with a broken limb, who cannot rise for fear of displacing the adjusted fragments, may thus draw all the fibres of the sound limb tense, and keep them so, or alternately relax and contract them as he may be able to bear it, until all the general effects of muscular exercise be produced, and manifested in the secretions, excretions, appetite, digestion and good health generally. I have no doubt that if patients were rightly instructed and attended to in this respect, many of the broken down constitutions, with which patients often arise from the effects of severe accidents to the extremities, would be prevented. No man can appreciate the powerful effects of this kind of exercise without some experiments upon the subject. I have already alluded to its effect upon the pulse; it also induces perspiration, diuresis, fatigue, hunger, and all the effects of muscular motion. In fact, there is more danger of over exerting the muscles in this way than walking or riding, for in the static exercise of the muscles all of these organs are acting at the same time; in walking, a part of the muscles of the leg carries the foot forward, while those on the sosterior part are relaxed and resting; so soon as the foot is planted these muscles contract, and those on the anterior part of the leg relax. And thus they alternately relax and contract, resting half the time. It will be readily experienced that we cannot keep all the muscles of a limb in a state of rigid contraction but a very short time. The larger number of muscles the greater the general effect. No man can hold all the muscles of the lower extremities in a state of forcible rigidity for two minutes, without glowing and sweating quite as much as if running or walking rapidly. It may seem probably, at least, impracticable to apply this kind of exertion for hygienic or therapeutic purposes, but certainly many patients are so situated that they cannot take any other sort, and their health must suffer. In these cases, I am satisfied, much good can be done in preserving and promoting energy of function in all the more essential organs by this static mode of affecting them."

NEW JOURNALS.—We have the first numbers of the *Oglethorpe Medical and Surgical Journal*, Published at Savannah, Georgia and Edited by Drs. H. L. BYRD and HOLMES STEELE. It is a well appearing Journal of 62 pages to be issued Bi- monthly at $2.00 per annum.

The *Belmont Medical Journal* is a monthly of 16 pages, issued by Drs. AFFLECK and MCCONAHEY at Bridgeport, Ohio, intended "to diffuse the experience" of the Belmont Medical Society and "to lay before the people the subject of health."

The *Medical and Surgical Reporter* is to be issued hereafter in a Weekly sheet of 16 pages by Drs. BUTLER and ATKINSON, PHILADELPAIA. Box 1422.

Neither the *Savannah Journal of Medicine* nor the *Nashville Monthly Record of Medical and Physical Sciences* have yet reached this latitude.

SENATOR SUMNER'S CASE.—The public press has been much perplexed in explaining the medical treatment to which the Parisian doctors, including Dr. Brown-Sequard, have subjected Mr. Sumner, who is still an invalid from the effects of the blow inflicted by Mr. Brooks.

The actual cautery, or rather the moxa, has been repeatedly applied to the nape of the neck and along the cervical vertebræ, this ancient mode of making issues having become fashionable of late in the Parisian hospitals, and imitated as usual by the British surgeons. This practice was common in this country a few years ago, until American experience demonstrated that an issue could be better made by the *lapis infernalis*, or the nitric acid; and that the revolting use of the "iron at a white heat," or the "burning of a cone of cotton saturated with camphor," were seldom to be preferred to the former; when in chronic disease, or, as in this case, when *mollities cerebri* or paralysis were threatened, after contussions or concussions by violence. Hence the French return to the use of fire for making issues is only a revival of the old practice, and has no advantages over the perpetual blister, or the less startling modes of counter-irritation, when a drain or suppurative discharge is indicated. The inference, therefore, that there is anything novel in the Parisian treatment of Mr. Sumner is wholly unfounded. The pathological nature of his case, and the rational remedies from which recovery could be looked for with the greatest hope, were as well understood by his American physicians as by their transatlantic brethren. The result is still in doubt, and must be left to time.

We have long since satisfied ourselves that, in chronic diseases and injuries of the spinal column, there is more benefit derived from issues than from any other medication. Our own method is to apply a cylinder of *potassa pura*, by gentle friction to the skin over the disease of injury, to the extent of the slough desired, which will require only two or three minutes. The agent is then neutralized by washing the part with vinegar. A warm poultice is next applied, and renewed for a few days, until the slough separates, when a dressing of Savin Ointment will protract the discharge indefinitely. It is thus we treat hip-joint disease and other analagous affections, and find no occasion for chloroform or the hot iron.—*Am. Medical Gazette.*

Boylston Prizes.—The Boylston Prize Committee have awarded to Dr. Daniel D. Slade, of Boston, a prize of $120, for the best essay on the subject, "Spermatorrhœa; its causes, consequences and treatment;" and to Dr. J. C. White, also of Boston, a prize of equal value for the best essay on "Human Parasites, Animal and Vegetable; their Anatomy, Development, Natural History and Treatment.'

UNOFFICINAL FORMULÆ.

[From the Proceedings of the American Pharmaceutical Society.]

Tinct. Chloroform.

℞.	Chloroformi	*aa* ℥iii.
	Tinct. Opii	
	Tinct. Camphoræ	
	Spt. Ammoniæ Arom	
	Ol Cinnam	gtts. vi.
	Spt. Vin. Galli	℥iv.
M.		

Inf. Cinnam. Comp.

℞. Cort. Cinnam	*aa* ℈vi..
Rad. Rhei	
Sodæ bi-carb	
Aquæ Bullient	ʒxxx.
Spt. Vini Galli	ʒiii.
Fol. Menth. P	℈vi.
Tinct. Menth. P	ʒiss.

M.

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Dartmouth Medical School.

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o3m. A. B. CROSBY, M. D.

THE NEW HAMPSHIRE

JOURNAL OF MEDICINE.

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[For the New Hampshire Journal of Medicine.]

ON ABSCESS.

BY A. B. CROSBY, M. D.

(Continued from page 70.)

CHAPTER XI.

Mammary Abscess.

Chassaignac and other authors have divided and subdivided abscess of the mamma almost infinitely. Such classifications, while they do great credit to the ingenuity and accuracy of observers, are practically of less value than more simple arrangements. We shall consider this affection as occurring under two forms only, viz: extra and intra mammary abscess.

Under the head of extra mammary abscess we shall consider all those deposits of pus which may occur external to the gland, or to any part of it

Intra mammary abscess will cover inflammation and suppuration of the substance of the gland.

Causes.—A great variety of causes may give rise to this form of abscess.

Sometimes stimulating food is resorted to immediately after parturition, and the quantity taken large; this may occasion inflammation of the breast. Over anxiety on the subject, and the injudicious use of cold water have been observed as causes. Mechanical injuries of the breast not unfrequently give rise to inflammation. Suppuration is more likely to occur in women who do not suckle their children, or who wean them too early. At times irritation and congestion occur when the child is first put to the breast, and unless relieved abscess is almost certain to occur. The milk may be retained in the organ, and induration reaching the axilla may be followed by suppuration. Too much exercise of the arms after parturition, of irritation of the womb, may either of them prove a sufficient cause

This form of abscess is not confined to the period of pregnancy nor lactation, but may occur at any time. Thus injury of the breast or dyscrasia, may give rise to it at any period. Persons tainted with scrofula, gout or syphilis are far more liable than those who have no hereditary predisposition to such affections.

Symptoms. In extra mammary abscess the swelling is usually uniform, whether it be large or small. If it is superficial, the skin is smooth, red and shiny, and the pain more or less severe. The secretion of milk may or may not cease. When the abscess is intra mammary the swelling is much harder and not so uniform. The surface of the swelling is tabulated and the pain more intense. In the early stage the secretion of milk is suspended, but later in the course of the affection it is renewed again. When extra mammary inflammation occurs, its most common termination is by resolution Intra mammary inflammation is more frequently followed by suppuration.

The ease with which mammary abscess will be detected must depend on the depth at which it occurs, and the positive or negative character of the symptoms.

Constitutional signs are at times slight, while at other times they may be of the most grave character. The pulse is accelerated, and inflammatory in its character. The tongue is heavily furred, and there is violent headache.

The febrile symptoms are well marked and the urine is scanty and high colored.

Sometimes the inflammation occurs deep seated, beneath the breast and the term submammary has been applied to it. In such cases the pain is deep seated and the swelling colorless. Motion of the arm is attended with an increase of pain, and suppuration occurs slowly. The pus finds its way to the surface after a considerable time has elapsed. It may point at one place or at several. Sometimes the pus forms and remains quiescent for a long time. The swelling of such a collection has been mistaken for a malignant tumor and its extirpation attempted. Suppuration of the breast may occur in from four to ten days. The pus may then approach the surface by ulceration. These processes are indicated by shivering, more or less heat ensues, which is liable to be followed by a profuse diaphoresis. The difficulty of detecting fluctuation will be directly proportioned to the depth of the abscess. Pointing may, and frequently does, occur about the nipple. The tumor is smooth and prominent and may point in several places.

If the inflammation has been superficial, the opening occurs spontaneously and the discharge usually consists of healthy pus. If, however the seat of the abscess is deep, and considerable time elapses before its contents reach the surface, extensive sloughs of fascia and areolar tissue are liable to form.

Even after one of these abscesses has terminated favorably, induration of the breast may remain for a considerable period of time.

In persons of a scrofulous habit deep seated abscess of the breast not infrequently proves fatal. Rigors occur daily, and these are followed like intermittent, by a season of fever, and then of profnse sweating. Induration of the breast takes place, or sinuses may form in different directions through the organ. There is an entire loss of appetite and the patient suffers from a persistent nausea.

The progress of the abscess is slow, and if not interfered with, its contents at length approach the surface. After this the symptoms abate and there is an apparent improvement in the patient's condition. This, however, is only temporary, and the unfavorable signs return more intractable than ever. It is probable that a secondary deposit of pus has occurred. Not unfrequently some point may be discovered on the breast, which is œdematous, and a careful examination may indicate obscure fluctuation. If free exit is not given to this pus, very great exhaustion results. Sometimes openings need to be made at different points repeatedly, and if neglected, sinuses are formed, which contain an extremely fœtid pus. The other breast may now take on inflammation, accompanied by signs of exhaustion. Nausea and shivering are quite constant. The patient vomits bilious matter and loathes food entirely. The skin is either dry and feverish, or cool and clammy. The mesenteric glands are liable to become diseased and the uterus, too, becomes affected, and a discharge is established from the vagina. The pulse becomes frequent and feeble, exhaustion rests upon the sufferer like an incubus and death finally results from asthenia.

Such are some of the signs of abscess of the breast, which vary with the habit, the person and the cause.

Treatment. The first indication in the treatment is, if possible, to abort the inflammation.

Venesection may sometimes be resorted to with advantage, especially when the constitutional symptoms are violent ; generally, however, this will be unnecessary. Leeches may be applied to the inflamed breast with benefit, and may be repeated if occasion requires.

Emollient applications may be made and if there is much heat, an evaporating lotion. Warm vinegar and opium relieve the pain and answer a good purpose.

In the early stages the hardness of the breast may sometimes be wholly discussed by gentle friction with camphorated oil or some anodyne liniment.

Saline purgatives should be resorted to early and freely. But the remedy which is most efficacious is antimony. This drug may be exhibited in doses of one sixteenth of a grain and continued until the desired effect is produced.

It is not advisable to excite vomiting, but simply to push the remedy to the verge of nausea. By the use of this agent we may often succeed in diminishing the force of the circulation and aborting the inflammation at once. It seems to exert almost a specific action on the mamma, and is the remedial agent on which most dependence can be placed.

The diet during this early stage should be bland, unstimulating and mostly fluid. The breast should be supported by a bandage to prevent it from depending too much, and the milk may be drawn gently, and at suitable intervals.

The second indication in the treatment is to promote suppuration. Poultices accomplish this best, and they should be generous and frequently renewed. The different preparations of opium may be resorted to for the relief of pain, and saline cathartics as the case may require.

When suppuration has occurred the question arises whether the abscess shall be allowed to burst, or whether it shall be opened. Different authors have maintained different positions on this question. Sir Astley Cooper contended that they should be opened and the weight of authority is with him.

If the abscess is superficial it may do no harm if it is allowed to burst. Generally, and especially if the collection is deep seated, the knife should be resorted to as soon as the pus can be detected. It may be necessary to introduce a tent, and renew it from time to time until the cavity is obliterated.

If the abscess has been small, or if milk is not discharged with the pus, the child may be allowed to nurse moderately from the affected breast.

Sometimes the suckling excites inflammation in the opposite breast. When this is the case the child should be removed from the breast altogether. Even if there is nothing about the mother to contra-indicate nursing, and yet the child seems unwell, it is better to feed it. Generally if there is pus in the milk, the child will not nurse, so that nature will almost always indicate whether the nursing should continue or not.

More or less debility accompanies mammary abscess and may prove the source of greatest danger. This condition is best combatted by tonicals, and in the later stages by a generous diet.

At times the abscess will not heal, and a chronic discharge occurs. The application of adhesive strips so as to make gentle pressure, serves to do away this unfavorable condition.

If sinuses occur they are to be laid open freely with the knife, when they usually heal.

Dr S. C. Foster of New York has published an article in which he takes the ground that mammary abscess may and should be prevented. The exceptions to this rule are cases in which there is a taint of syphilis or scrofula. Mechanical injury, obstruction of the nipple, and an endemic tendency to purulent deposits, may also give rise to the affection beyond the power of prevention.

His views are in brief something like the following:—

Prevention of mammary abscess should be commenced at puberty. The dress should be loose, and the young girl should take an abundance of exercise. Lacing has a tendency to depress the nipple, and so lay up much suffering for the future mother. If this has occurred the nipple should be gently drawn out during pregnancy, and rendered hard by the application of borax and brandy. Some caution is necessary, or the breasts may be so far stimulated as to induce premature labor.

In the early stage of mammary abscess accumulation of milk is to be guarded against by gentle but firm friction extending from the periphery towards the nipple. If this is done thoroughly the induration may frequently yield in a few minutes.

If this is not successful, compressed sponge may be employed either during the stage of induration or after pus has formed and escaped. A moist sponge is to be subjected to a power press for twenty-four hours or until it is dry. Such a sponge is to be applied to the part of the organ affected, retained in its position by a roller and then thoroughly moistened with tepid water.

It is claimed for the sponge that it exerts a uniform, gentle pressure, is emollient like a poultice, absorbs milk and pus, and promotes their flow by capillary attraction.

The simplicity of this method of treatment, as well as the favorable character of its recorded results, entitle it to respect and a fair trial.

Chassaignac advises the injection of the cavity of the abscess with tepid water, and the application of a cup until it is entirely emptied. Adhesive strips are then applied so as to make a firm but gentle pressure. If this treatment occasions any irritation the dressing is to be removed, and re-applied as circumstances may indicate.

It is claimed for both of these methods that recovery will take place in from one to eight days,

MOTT ON THE STRUCTURE AND FUNCTIONS OF THE PROSTATE GLAND.

Reported by Dr. George F. Shrady.

The discussion on the structure and functions of the Prostate Gland commenced at an extra session of the Academy, in June, was renewed at the regular meeting in August. Dr. VALENTINE MOTT. who was present was called upon to open the discussion. Although he was not aware at what point the subject had been left, he would at that time make a few remarks upon the Relative Anatomy of the Prostate, reserving the discussion of its diseases until another session.

The prostate gland, said Dr. Mott, was situated in the pelvis, equidistant from and on a line with the rami of the ischia, above the membranous portion of the urethra, and upon the rectum, where there is no interposition of peritoneum by the lower part of the bladder, called the bas-fond. It is ordinarily supplied with a fair amount of vessels, and in a surgical point of view, it is important to remember that the little vessels which supply it in its normal state are unimportant; but if we regard them closely in disease we will find they assume a great importance. Let us examine these vessels; let us take up the veins. They are very remarkable—remarkable in their number—remarkable in their size, and are principally interesting in connection with the troubles which arise in this organ. When these veins are cut, even in the middle period of life, a great flow of blood will follow; so great that after the lateral operation for stone, I myself have been very much alarmed at its quantity, and have feared the consequences of it. During the whole course of my surgical experience, now extending over more than half a century, I have rarely been surprised at any great loss of blood, except from these parts. It seems to be unimportant until about a week after the operation. At that time, I have sometimes been informed of the sinking condition of my patients, and have found them almost pulseless from the loss of an enormous quantity of venous blood. Generally, at the commencement of the operation there is some arterial hæmorrhage, which is trifling in comparison with the subsequent venous hæmorrhage, which, in some instances, has compelled me to plug up the opening with a sponge, taking the chance of the blood accumulating in the bladder.

The veins that are about the neck of the bladder run in such a way that they are always necessarily cut in the operation I shall presently describe. Under certain circumstances, these veins are in a varicose condition; nor is this condition confined to the later periods of life, for we meet it frequently in early life. The collection of veins in this region is so large, and they are so numerous, that they go by the name of venæ pampiniformæ. They run immediately over the proper capsule of the prostate and open upon the free surface of the bladder, and are undoubtedly the source of the very serious hæmorrhage that sometimes takes place in life, when there is no disease of the prostate, no tumor of the bladder or other cause to account for it.

These veins are ordinarily the only vessels of any considerable size involved in operations around these parts, but occasionally arteries are met with running between the proper capsule of the gland and the ilio-vesical reflection. These arteries are of considerable size, coming, as they sometimes do, from the internal iliac instead of the internal pudic, and distributed to the bulb, crus and dorsum of the penis of that side. These vessels have been described by Haller, Burns, Barclay, and also by one of the Munroes. Whenever a profuse hæmorrhage occurs from an operation about the prostate gland, in which the gland is cut, if the internal pudic artery is not wounded, then it is gratifying to know that an artery of the discription referred to runs in that direction, the hæmorrhage from which, when cut, can be arrested only by the sponge.

The relative surgical anatomy of this gland is exceedingly interesting. Though for many years not well understood, it is, perhaps, now fully known and developed.

The prostate is described as consisting of two lobes, and perhaps we are not all prepared to know the fact that these lobes are very ill defined after the adult period; but we know the fact, that before the fourth or fifth month, it consists of two distinct lobes, separated by an isthmus which becomes in adult life the third lobe.

This gland has its proper capsule, and is a secretory gland; but whether conglomerate or follicular, is yet a subject of discussion.

The observations of Amusat have fully settled the question that the prostate gland is entire above the urethra—that it runs over the anterior part, and therefore surrounds it.

Besides this capsule there is another—the fascia iliaca.

This fascia covers the iliac muscles, goes over the pelvis under the great vessels, then down the side of the pelvis, and from thence to the bladder, being previously attached to the side of the bladder, where it forms a perfect septum between the perineum and cavity of the pelvis. This is a most important fact to be remembered in its relation to the operation for lithotomy.

The ilio-vesical fascia passes from the pelvis to the side of the bladder at an angle which, when we are erect, is some 10° or 15° more above the plane of the pelvis than when we lie down. From the side of the pelvis to the bladder it is covered by the levator ani muscle. When we get down to the side of the bladder, just above its neck, there is a close layer of this fascia, which goes over the prostate, enveloping it next to its proper capsule. So far its anatomy is well understood.

Every sub pubic operation, with the exception of the recto-vesical, involves the direction of this fascia, and upon maintaining the integrity of this septum—thus guarding against urinary infiltration—the success of these operations, ceteris paribus, depends.

I maintain that operations for lithotomy ought always to be performed with reference to this septum, otherwise the patent's life is greatly in danger.

Nothing has glorified modern surgery more than the study of relative anatomy. It has dignified operative surgery as a science, and he who does not cultivate this study operates in the dark. This knowledge is beautifully illustrated in the anatomy of the groin, in the important relations of the epigastric artery to the internal and external abdominal rings. It is not every one who teaches who points out the relations of these parts. To operate successfully, the surgeon must first familiarize himself with the parts to be operated upon.

The common operation for lithotomy most in fashion is the lateral, known from the time of old Friar Jacques. It divides one side of the prostate only, and goes parallel with the iliac fascia, and not above it, and does not open into the cavity of the pelvis. He who performs the operation with reference to these points will be most successful.

I say as I have said for many years, that all these operations are better done with some sort of a knife than with any other instrument whatever.

Without arrogance, I may say that I have performed more operations for stone than usually falls to the experience of surgeons. The number amounts to 164, and I have never used in the operation anything but a knife or bistoury. Upon the whole I prefer a straight bistoury. I was occasionally in the habit of using Mr. Thomas Blizard's knife. Of the gorgets introduced by Cline and Physic, I consider that of the latter the best. Cline's is a dangerous instrument. I have seen him use it. Physic's is a dangerous instrument also, unless one well understands the relative anatomy of the parts. This knowledge was not in the fashion of his day.

The knife goes through one side of the prostate and below the loose layer of the fascia iliaca. Contrary to the opinion and method of many, I cut through the whole prostate. I never wish to tear it. If you are below this fascia you may cut to the ramus of the pubis without danger. Those not familiar with the use of the gorget, by depressing the hands elevate the blade, and consequently go too high up and incur the danger alluded to.

I never cut the internal pudic artery with the knife, because I cut downwards and outwards in such a way as not to encounter it. I look upon it that the operation can be more easily performed in this manner.

Some cut through eleven-twelfths of the gland and tear the rest. I know enough about wounds to say that lacerated ones are hard ones to heal any how, and you had better make a clean cut. The idea has been entertained that by cutting entirely through you cut this fascia, but having an eye to the course of it there is no danger.

The bilateral operation is entirely free from wounding the int. pudic artery ; but I must say that I never saw the elder Cline, the preceptor of Sir A. Cooper, operate for stone, that he did not cut that artery. I have seen the hæmorrhage so profuse that it would run off the table in a stream, and saturate the bed, and even run through it; I choose to avoid it.

In regard to opening the bladder in different ways, for the purpose of evacuating urine. there is no danger, except in the perineal cut.

The operation per rectum is unattended with danger, not involving the fascia, and is therefore resorted to when the bladder is to be emptied. One thing I will say, that during the many years I have practised surgery, it is gratfying to me to look at this fact in connection with my life, *that I never punctured a human bladder*. I am always horrified when I hear a man has punctured the bladder I have never seen a case of stricture that could not be relieved by the judicious application of instruments.

In that disease of the prostate confined to old people, I have never failed to introduce the long catheter, even though others had repeatedly failed in the attempt.

At a special meeting of the Academy on September 9th, Dr. Mott continued his remarks as follows: Besides the covering mentioned at the last session, at which the prostate gland was discussed, this gland has a closer covering or capsule, which is the ilio-vesical reflection of the fascia iliaca as it comes from the side of the pelvis and goes to the side of the neck of the bladder. We have here also the levator ani muscle covering both portions of this fascia iliaca. The prostatic portion of the urethra, must be cut in the lateral operation for stone in the bladder.

The *sinus pocularis* or *utriculus prostaticus*, situated a little in advance of the veru montanum, has been considered by Weber as a rudimentary uterus : a homologue of that organ, probably because Morgagni found in two instances that the vesiculæ seminales terminated in it. In a surgical point of view this little cup should be remembered, as a catheter or bougie will be easily caught in it. This can always be avoided by an experienced surgeon, by withdrawing the instrument a little and tilting it up before passing it into the bladder.

The veins about the neck of the bladder in a person advanced in life will have in them what pathologists denominate *phlebolites*. It is from these veins that proceed the alarming hæmorrhage of which I have already spoken. It seems to be confined to operations that are performed on pesrons over 50 years old. For myself, I have operated on individuals over 70, and have not found these veins so troublesome in advanced age as in middle life. Neither the unilateral or bilateral operation avoids these veins; the only way is to operate above the pubis, which is seldom done in this country.

Dr. Mott then proceeded to speak briefly of the *Diseases of the Prostate Gland.*

The morbid anatomy of the prostate is exceedingly interesting, involving as it does so many terrible and afflicting affections. It is a very singular fact, although we are well acquainted with it, that this body will frequently enlarge when other parts of the body are diminishing and shrivelling in the decline of life. But this is not the only disease of this organ. There are affections of it that are very formidable besides the mere hypertrophy.

And first of *Atrophy*. This gland has been found diminished in its natural size; its proper capsule has been seen filled with an aqueous fluid. The atrophied condition of the gland has been described by many pathologists, and particularly by Sir Benj. Brodie and Mr. Cooper. It is not necessarily confined to youth or old age; it follows no stated law, but arises at any time.

Inflammation of this gland occurs more frequently than we are aware of; whether it be of the secretory portion, or of the filamentous or areolar tissue of the gland I shall not stop to inquire; my impression is that it is an inflammation of the entire tissue of the gland. The symptoms are, remarkable tenderness on introducing the finger into the rectum. When this extreme sensitiveness exists with difficulty of passing water, it is evidence to my mind that the gland is very much inflamed. Suppuration may occur in this gland, as we know from cases recorded by such observers as Lallemand, Sir Benj. Brodie and others.

Inflammation of the prostate may be occasioned by the violent use of instruments sexual indulgence, onanism, urethritis, &c.

Suppuration of this gland generally takes the route into the urethra, so that Lallemand states that he has seen the openings from the prostate large enough to admit the end of a catheter, from which openings pus escaped into the urethra. It will sometimes make its way through the rectum, sometimes into the perineum, both of which I have seen.

Inflammation of this gland may be followed by the deposit of a largequantity of pus. Brodie says as much as a pint was discharged at several different times from a case he saw.

Ulceration is a process not common in the prostate. It has occurred from the introduction of instruments into the urethra, which induced inflammation, accumulation of pus, pressure on the gland, and ulceration.

Tubercles are occasionally met with in the prostrate, and from softening progress to ulceration. Lallemand records an instance in which thirty abscesses and as many tubercles were found in this gland. The prostate is therefore liable to the same condition of things we find in the testes, mesenteric glands, vesiculæ seminales, and the lungs. Dr. Gross relates a case of tubercles in this gland, and states that they follow the law of tubercles in other parts of the body.

Again the prostate is said by some to be liable to *cancer*. If we adopt the language of Mr. Walshe, that all forms of disease that are heterologous, are cancerous, we consequently may have it here. I prefer, however, the old arrangement of cancer and malignant disease, or what does very well, hard and soft cancer. I am well aware that they both have the microscopic characteristics of cancer. These malignant forms of disease occur within and about the prostate. The body of the prostate is not so apt to be involved as in other forms of hypertrophy.

There are three instances on record—one by Sir A. Cooper, one by Mr. Stanley, of London, and another by Mr. Langstaff—of malignant disease in this gland in children, showing that it is not necessarily confined to old people.

The great Dr. Fothergill, of London, died of malignant disease of the prostate. Some few years ago I had a case near this city, which was evidently a fungous growth about the prostate, and resembled that of Dr. Fothergill. I have seen another instance where the tumor was not of the prostate, but a polypous growth, which acted as a valve, and gave rise to the strongest symptoms of stone in the bladder. This should teach us that nothing but a sound grating against another hard substance should justify the operation for stone in the bladder.

The last affection of this gland I shall name is *senile hypertrophy*. It is a curious fact that it should occur in advanced life, and be confined to the gland itself. A dissolute life is not necessary to produce it. The most tormenting part of this enlargement is the third lobe of Sir Edward Home—the pathological lobe of Velpeau. It is of a remarkably hard texture. Brodie speaks of it as having a stony hardness. Rokitansky calls it a fibrous enlargement, others denominate it cystic hypertrophy on account of the cyst found in it.

This enlargement comes on very gradually, and is not at first accompanied with much pain. The first symptom is difficulty in evacuating the last remnant of water that is in the bas-fond of the bladder. Change of position has to be frequently resorted to, and persons with this difficulty make water better standing up. Some are obliged to get down on their elbows, so as to give the bladder an opportunity to force the urine over the third lobe.

With all our resources of treatment we can make very little impression upon the prostate affected by senile hypertophy. In a difficulty of this kind it is of great importance that a person should not have his bladder over distended. Everything that removes irritation is of the greatest importance, and therefore it is often requisite to relieve the bladder by means of the catheter. I know of no other treatment than palliative; I have seen more good derived from a seton in perineo, at the same time keeping the bladder empty and the bowels soluble, than from anything else.

The question of the removal of this third lobe has been raised, and several instruments devised for that purpose are here submitted for the examination of the Academy.

Finally, Gentlemen, let me call your attention to one other affection analogous to that called by old father Pelletan "engorgement chronique de la membrane du larynx;" I mean the *uvula vesicæ* of some—the *luette vesicale* of others. Dr. Baillie first described it as a membranous fold, in the form of a bar across the vesical orifice of the urethra, and has given a plate of it in his Morbid Anatomy.

Immediately at the neck of the bladder there will be an enlargement of the mucous membrane, sometimes from above downwards, but more generally laterally. This gives rise to much difficulty in passing the urine. The catheter passes readily. Sometimes it is very difficult to form a diagnosis between it and enlarged prostate. In the uvula vesicæ the catheter passes very readily. In prostatic enlargemement there is frequently great difficulty.

Any instrument passed into the bladder will generally be followed by a small discharge of blood, which alarms the patient, who thinks it arises from want of skill on the part of the operator, whereas it is desirable and beneficial. In the opinion of Guthrie this is a curable affection. Le Roy d'Etiolles has great confidence in scarifications. These, with the application of caustic, constitute the principal means of treatment.

The same principle of treatment has been applied to a similar affection of the lips of the glottis by two distinguished fellows of the Academy, Dr. Gurdon Buck and Dr. Horace Green.—*Am. Med. Monthly.*

ON THE THERAPEUTIC ACTION OF THE CONSTANT GALVANIC CURRENT.

BY DR. ROBERT REMAUK OF BERLIN.

After the discovery of the voltaic pile (1800), many experiments were made with a view to the application of the galvanic current, as a means of treatment in diseases of the nerves and muscles. Stimulated by the admonitions of Alexander Humboldt, Loder of Jena and Grassengiesser of Berlin were among the first to treat various paralytic affections of the limbs and sensorial nerves in this manner. The opinion at that time being, that not the continued action of the current, but the shocks produced by the interruption of the current, are the best means of exciting the normal action of the nerves and muscles, these trials could not result in success; because, as my researches have now proved, such shocks can in very few cases be advantageously employed. Thus, for many years, the electrical machine formed the only means of producing and applying electricity to the above named diseased conditions, and the the opinion was generally adopted by physicians that it signified little from what source electricity for medical purposes was produced.

Although the discoveries of Becquerel and Wollaston (1820—30) supplied the means of producing a constant and equable galvanic or electric current, physicians did not avail themselves of their improvements, but preferred using the magneto-electrical and electro-magnetic machines which were constructed after the discovery of the current of induction, made about the same time (as Becquerel and Wollaston's) by Oersted and Faraday. In experimenting with these instruments, the fact was overlooked that the current of induction cannot be applied to the living body without producing shocks (i. e. spasmodic contractions of the muscles), and that these shocks have in many cases a weakening effect. At last, the chief consideration came to be, the easiest method of procuring electricity for medical purposes. So, at last, the magneto-electric machine (of Saxton Stoher, etc.) gave place to the self-acting electro-magnetic (galvano-magnetic) machine of Faraday, which was recommended by Duchenne of Paris, and was much approved of in France and Germany. In the work of that physician,* it was stated that muscles are made to contract most readily by the current of induction, if certain points on their surface are touched by the electrodes. Having been occupied for many years with physiological researches upon muscular contraction,† I was not a little curious to know the nature of these mystical points,and on directing my attention to this subject, I soon found that they corresponded with the points of entrance of the muscular nerves; and that the degree of contraction of a muscle was proportionate exactly to the number of motory nerve fibres embraced by the current at its point of application.

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*De l'electrisation localisee, 1854.

† See my memoir, "Ueber Zusammenziehung der Muskelprimitivbundel," in Muller's Archiv f. Anatomie, Physiologie und wissenschaftliche Medecin, 1843, pp. 182—189.

I stated the result of these physiological investigations in a small pamphlet, published in 1855,[*] and drew attention to their value in a practical point of view. It seemed to me quite obvious, that, for the successful therapeutical application of electricity, a better and more extensive physiological basis was required than was afforded by this one fact; so, in continuing my researches on the subject, I was led to examine the effect of the constant galvanic current (as it is produced by the elements of Daniell, Grove, and Bunsen) on the muscles and nerves of a healthy man. The results of these further observations I noticed in an appendix to the second edition of the pamphlet last quoted, also in a note sent to the academy of Paris.[†] After having continued such researches, made upon my own person and upon many healthy men, for about six months, I was induced, in July 1856, to apply the constant current as a means of treatment of contractions of muscles in cases of hemiplegia from cerebral apoplexy. The most important result of this application was the fact, that the continued current, applied for a few minutes to a contracted muscle, had the effect of immediately relaxing it to a certain extent, and rendering it amenable to the influence of volition[‡]

After repeating these trials upon 200 cases of different kinds of nervous diseases I reported, as the result of my further experience, that the continued application of the constant current to the nerves and muscles in rheumatism, paralysis, atrophy, neuralgic and spasmodic diseases, had. in my hands, proved of much greater service, in a curative point of view, than any other application of electricity had hitherto done.[§] I gave my results in a memoir which I read before the academy of sciences at Paris, in seance 22d Sept. 1856;[‖] and, on the 29th of the same month, I made some experiments before N. Rayer who was representative of a commission appointed by the academy for the purpose ;[¶] and on the following day repeated them before a number of physicians and naturalists.

From that date to the present I have spent all my time in continuing these researches, and in endeavoring to develope the methods of application of the constant current. In the society of medical science of Berlin, I stated (Jan. 19, h857) that the diseases in which the constant galvanic current is of service are—1. Rheumatism, acute and chronic. 2. Cerebral hemiplegia. 3. Paraplegia. 4. Atrophy of muscles. 5. Chorea. 6. Stammering. 7. Trembling of limbs. 8. Cramps of authors, etc. And I have supported my assertions by presenting cases of these descriptions, which were either cured or improved by this mode of treatment.[*] My subsequent publications on the subject were directed principally to the treatment of atrophy[†] and paralytic diseases.[‡] This was accounted for by the fact, that certain physiological views, dating from the time of Volta, Marianini, and Nobili, gave rise to the opinion that the continued action of the current had only a relaxing or weakening effect, and could do no good only in spasmodic diseases.[§] I have refuted this idea by showing that the continued current, applied in a certain manner, is of use in many cases of paralysis, in which the interrupted current of induction is even injurious.[‖]

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[*] Uber methodische Elektrisiung gelahmter Muskeln, Berlin, 1855.

[†] See Comptes rend., Dec. 1855.

[‡] Ueber die Losung paralytischer Contracturen mittelst const. galv. Strome. Deutsche Klinik, 1856, No. 28.

[§] Uber die Heilwirkungen des const. gal. Stromes bei Contracturen, Lahmungen und Atrophien der Muskeln. Deutsche Klinik, 1856, No. 35.

[‖] Sur l'effet phys. et. ther. du. cour. galv. constant. Compter Rend, de l'Acad. des Sciences, 22d Sept. 1856.

One of the most curious results of my researches made during the last year, is the observation that the constant galvanic current, by dilating the blood vessels and by promoting absorption of exudations, can be used with good effect in certain inflammations, in which the other antiphlogistic and resorbent remedies are insufficient.[¶] There is no doubt that the electrolytical power of the constant current (discovered by Nicholson and Carlisle 1800) is a powerful means of producing these effects. I have already seen most convincing and gratifying proofs of this fact, not only in rheumatic and taaumatic inflammations of joints, but also in the inflammatory states of the spinal cord, which sometimes precede atrophy of this organ.[**]

It may readily be supposed that the mode of applying the current must be very different, in order to produce the various actions I have hitherto distinguished: vis: 1st, the catalytical (i. e. electrolytic, antiphlogistic); 2d, the antiparalytic; 3d, the antispasmodic. But, for information on this subject, I am obliged for the present to refer to my various publications.

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[*] Uber die Heilwirkungen des const. galv. Stromes bei Lahmungen, Schmerzen und Krampfen. Allg. Med Central. Zeitung, 1857, No. 12.

[†] Uber die Verdickung der Muskeln durch const. galv. Strome. Deutsche Klinik, 1857, No. 45.

[‡] Uber den antidoralytischen Werth verschiedener elektrischer Vorrichtungen. Deutsche Klinik; 1857, No. 50.

[§] Uber die dhysiologischen Grundlagen der Anwendung galvanischer Stroome zur Heilnng vohn Lahmungen Allg. Med. Centr. Zeit., 1857, No. 30.

[‖] Ueber den antiparalytischen Werth inducirter elektrischer Strome. Deutsche Klinik; 1858, No 2.

[¶] Ueber elektrolytische Heilwirkungen. Deutsche Klinik, 1857, No. 50.

[**] Uber die Behandlung der Tabes dorsalis mit constanten galvanischen Stromen (aus dem Protocolle der Sitzung der Hufeland'schen Gesellchschaft v. 26 Marz 1858.) Allg. Med. Central-Zeitung, 1858, No 29.

In, Germany my experiments have not been repeated; but in France, after my visit in September, 1856, some physicians made some trials upon the subject, and, as I am now informed, these were not unattended with success. In Britain, I do not know if anything has been in this way; but it is the object of this short paper to direct the attention of my British colleagues to this discovery (as I dare to name the methodic appliacion of continued galvanic currents to diseased conditions), and I would feel satisfied if I thought that the methods described by me, in a work I am about to publish, would in any way assist them to the successful practice of their art.

Finally, I think it my duty to state distinctly, that all my experiments, upon 700 patients, have been made only with the constant galvanic current (of Daniell, Grove, and Bunsen), and that there is reason to doubt if these results could have been obtained by the use of other elements less constant.—*Edinburgh Med. Journal.*

ON THE VALUE OF TONIC TREATMENT IN SOME DISEASES OF THE BRAIN, MORE ESPECIALLY IN CASES OF RAMOLLISSMENT.

BY FREDERICK C, SKEY, ESQ., F. R. S, F. R. C. S., ETC.

I wish to speak to-day of what is called "Ramollissment," (Roston did not believe "Ramollissement" to be the result of inflammation, but a certain degeneration of the brain; especially as febrile symptoms and headache are absent.) or softening of the brain. I do not wish to speak of its pathology, I know very little about that, as to whether it is inflammatory or febrile, or what not. All I pretend to know or to tell you is that the disease, as we see it, begins insidiously by loss of muscular power, and it occurs most frequently in men about the middle period of life; the gait or walk of such a person is unsteady, and seems natural to ask a surgeon what may be the cause of this unsteadiness or irregularity. A banker or banker's clerk finds his style of writing changes; he has the power, *quoad* power, he can use a dumb-bell, but he cannot regulate this power so as to write a letter, as he previously had done; his urinary system becomes affected, and his urine dribbles away, and even the rectum, from forgetfulness on the part of the patient, becomes paralytic; there is a loss of memory or incoherence of ideas, small eccentricities appear. This man will spell some words badly; these are signs of recent cases: there is little or no implication of the reasoning powers, at least to any extent, but the loss of power, as in handling a pen to write is most peculiar, as well as the irregularity of spelling of monosyllables badly or backwards in what was written. But if you wish for a minute description of the disease you will find it in the works of Rostan and others. Now these cases are common; this train of symptoms occurs in men who have undergone long anxiety in business, or òtherwise; men of Parliment or the Stock Exchange, whose "all" may sometimes depend upon some bold speculation or on some cargo of goods at sea, or the like; or this disease will occur in men who have had exhausting fevers or other maladies; or again, in the case of a man who rides with hounds five days a week, four hundred miles a week, and it may be, drinks wine, eats very little, marries late in life, suffers from venereal exhaustion! his nervous system becomes "broken down" as it is called. What is the condition of the brain then? Is it a condition of excess of vascular or vital force, or the opposite? Can any of you recall a case of "ramollissement," as it used to be treated a few years ago? Happily for yourselves, perhaps not; but the principal point was to keep always in mind "chronic inflammation," and to treat it according. This poor gentleman must first be reduced, made to keep quiet, his diet regulated, his wine and fox hunting stopped, and three grains of grey powder with rhubarb, given at clock-work intervals, for what are called the ,'secretions,'' or to touch the gums for this chronic (?) inflammation. Next, his skin was steadily looked to, and that great catholicon of surgery lads, mindererus spirit, with antimony, was ordered, spoiling what little appetite the unfortunate patient may have had. He was rigidly confined to the house—but, mind you, with all this excellent drugging his speech does not improve; he progresses, but it is from bad to worse. Very well! Now that is one view—now for another. Mark that there is a slow pulse, everything is below par, as I call it. In this, then, "chronic inflammation," some people count on their ten fingers all the drugs I use or adopt. I am very glad of it, for we have too much routine and rubbish in what is called "general practice." The eyes of the public are upon us; are you then justified in lowering this man with your antimony, and your grey powder, and your mindererus spirit? Oh no? But some Solon says you weaken the patient in order that he may get strong. In these cases I could never understand that kind of logic; believe me, if you wish to succeed in practice, you must give up such an idea; you must study nature a little more, and books and journals less. All the medical world of Europe is progressing; but we are still tied down to grey powder, and oceans of physic, and bleeding, whereas what is required is that we follow the vis medicatrix, and take advantage of the hints she affords us! Well then, so much for that; now for a case of "ramollissement" as it is called. About two years ago a physician called on me; he said "you are wanted down to So-and-so (150 miles in the country), Mr. So-and-so (a rich country nobleman) has forced a catheter through his urethra; the poor gentleman has got "ramollissement," you know that we are not so uneasy about; that is incurable of course; if you can do anything for it well and good; but his faculties are completely gone." Well, to make a rather long story short, Sir B. Brodie and I saw him, and a fortnight after he came up to town, to his residence in Belgrave-square, and I had nearly the entire management of the case.

It is exactly in this sphere of life, of rich noblemen, merchants, of political men in the fashionable West-end, that we can alone catch glimpses of these two opposites—viz., the excess of high living, and the excess of sangrado bleedings and starvation or low living of us the doctors! Many of these are probably "heart disease," and a patient dies of a fainting fit, called weak brain, but it is weak heart! Well, the more I came to look at this case of this gentleman, the more I said to myself, the man is dying of exhaustion; I noticed he was better after dinner; I heard that he had had convulsions; this did not frighten me. Now, I want to ask you a curious question; have you ever seen a sheep killed? If not, I would advise you the next time you are near Aldgate Market, just to look at the thing for yourselves. Just before all the blood is gone from the sheep, it is horribly convulsed; remember that fact also in weak children who are convulsed. Convulsions, in fact, as you will meet them in practice, are eight times out of ten the result of a very irritable state of the medulla oblongata or cord, which causes very slight irritations elsewhere to excite violent reflex or convulsive movements; thus, worms or indigestible food will cause convulsions where the nervous centres are weak or irritable. The condition of convulsions to my mind is almost always one of "exhaustion" rather than congestion; just mind that fact when you go into practice—convulsions, as caused by anæmia or "exhaustion."

But to go on with the case: I could not find that this gentleman had had any tonic treatment. I knew that if the brain be anæmic, it cannot go on long in a normal manner, for nine out of ten cases of "ramollissement," are due to anæmia; so I decided to let him go back to his old mode of living. I gave him a pint of claret a day, that he was accustomed to, in place of water-gruel! He seemed to improve on it. The ratiocinations of his friends did not come true that it would kill him, so we let him have also quinine and iron in place of leeches and water-gruel, and grey powder, anatomy, and mindererus!

I studied the case for a short time; there was a manifest improvement every week. I was called one day; he was a little worse; did I bleed him? No: I had the experiment with the sheep in my mind; he is a gentleman of very great eminence. It would have appeared very brilliant in a "bulletin," like the brilliant operations elsewhere, that we came up the fifty-ninth minute of the last hour of his sad existence and opened the carotid or temporal, but I did nothing of the kind: I increased his wine. Well, at the expiration of three months, that gentleman made a political speech that utterly astonished his constituents. He can now ride to the fox-hounds as well as ever he did, and in the changes and chances of Parliament has filled a very important place; he is in fact to all intents and purposes cured!

Now, a few words on another case. I was called to see another gentleman, who, I was told, was attacked with "epileptic or some fits" every fortnight. I found that they were not perhaps epileptic, as he was never incoherent or deprived of consciousness.

He was a "*bon vivant*," as many of these patients are. The symptoms came on two years previously; his pulse was all along small and weak, quite incompetent to the work, as I thought, of supplying a large and active brain. His doctor had ordered him, as a great stretch of the roborant plan, two wine-glasses of claret at dinner, mixed with water, and pump water, "usque ad nauseam," the rest of the day. How can you prevent or cure disease on such trash as that? Mind you, he was a "*bon vivant*," and had now come to believe that the cardinal point of his cure was rest and starvation. Well, I ordered him the first day a thing he very much wished for—two rattling tumblers of Bass's best ale per diem, and other treatment in accordance with that plan; he got better. His lady sent for me, however, one night, and I met her on the stairs looking very dolorous indeed. I thought he was dying, or dead; but she said, with a solemn face, "he took advantage of our prescription, what *will* become of him? He has taken to-day seven tumblers of ale!" "The deuce he did; but he is better of it. I am delighted," I said; and it really did him no harm but good; he had ridden twelve miles, and was tired, and quenched his thirst in Bass's ale accordingly! Now, that gentleman soon lost his fits, or at least he had a slight fit once in three months in place of once every fortnight. He got on most famously under the strengthening plan, as in the former instance; but in an evil hour he went down to the country in the summer, and on the return of his "fit" the next to hand surgeon, with a red lamp, was sent for, who bled him, gave him the othordox doses of calomel and colocynth, followed up by—and—yes—but he never breathed again!

I have now nine or ten of these cases of ramollissement; they all have had slow pulse—a condition always improved by tonics. The heart is perhaps at the root of the disease rather than the brain;

some of these patients had alarming syncope—that is, heart, depend on it, not brain. I met Dr. Latham and Dr. Ferguson with one case, and we had a good deal to do to give force to the heart and pulse.

Now, I do not want at all to say--that in some of these very cases we may not have had "ramollissement," I merely contend for the position that leeches, oceans of physic, and starvation are not the proper remedies. I will only say a few words relative to another case, which was seen by three of our ablest physicians in London—two pronounced it "ramollissement," and the third, "tubercle."—I think tubercle in the brain is a very rare disease in adults; this patient had excessively weak pulse; he had married late in life, and in many other particulars he was the exact counterpart of the case already given; he was rather forced on me as to treatment. I gave him wine, and the ferro-citrate of quinine in large doses—a remedy I have great faith in. Well, in three months he was quite recovered. I have said already I do not believe this disease to be of the nature of inflammation; with heat, pain, redness, swelling, etc., it strikes me as rather of the nature of gangrene, and as arising from anæmia, not hyperæmia; this last gentleman, I ought to say, had an issue ordered for him in Dublin. Well, have no objection to an issue in these cases, nor am I frightened at stopping an issue. There is something of the fabulous about what is written and taught in lectures as to stopping issues. This gentleman's issue healed up, or rather I took off the plaster, and never had that abiding faith in its efficacy that would induce me to put it on again. In the earlier stages an issue may do good; it can it least, do no positive harm, like other things which have had more than a questionable character. as specifics for "ramollissement;" indeed, specifics, so called, which unquestionably have hurried many patients to their graves, and which I would implore you to consider well in all their bearings before you adopt them.—*Dublin Hos. Gaz. March* 15, 1858.

ON PODOPHYLLIN.

By R. H. Stabler, M. D.

None of our indigenous vegetable productions are more uniformly extolled for their valuable and certain efficacy than Podophyllum peltatum; and at an early date in the history of the vegetable materia medica it attracted the attention of observers as a reliable and certain hydragogue cathartic, much resembling jalap in its effects.

Dr. Bigelow subjected it to analysis, but no efforts were made to isolate its active principle that I have been able to discover, until the year 1831, when the root was analyzed by W. Hodgson Jr., and a paper on the subject read before the College of Pharmacy of Philadelphia. He announces the discovery of a peculiar proximate principle in pale brown lustrous scales; easily pulverizable; unalterable in the air; and of a strong, permanent bitter taste, sparingly soluble in boiling water; very soluble in alcohol; partially so in ether, and when in solution possessed of an odor resembling that of the boiled root: he describes its relation to acids but not to alkalies, and considers it to resemble salicine in some of its chemical properties, particularly in affording a purple color with sulphuric acid. This principle was not experimented with in order to ascertain whether the medical properties of the root reside in it.

Dr. W. P. C. Barton, in his Medical Botany of the United States, published in 1818, gives a faithful representation of the plant in flower and fruit, and refers to the Appendix to that work for chemical analysis, that I have not been able to consult.

Dr. E. Staples has also submitted it to chemical examination, and found as constituents resin, starch, and a peculiar vegetable substance, crystallizable in white silky tufts, (this substance other observers have not obtained: it was probably salts of lime.) He does not state which is the active principle. John R. Lewis, in the year 1847, described, in an inaugural essay, the result of his observations on the root, and report it to contain vegetable albumen, gum, starch, gallic acid, fixed oil, volatile oil, and a peculiar resinous principle, separable into parts by means of ether, slightly soluble in boiling water, entirely so in strong alcohol: when dry resembles tannin in appearance; soluble in caustic potassa, from which it is precipitated again by an acid; soluble also in carbonates of potassa and soda; had a very bitter taste, and operating in the dose of six grains of the pure resin as a drastic hydragogue cathartic, occasioning vomiting and great debility. It was obtained in opaque feathery scales, but was uncrystallizable. The active properties of the root are considered by him to be owing to the presence of this substance in it.

Simultaneously with the analysis of Mr. Lewis, and previous to its publication, Wm. S. Merrill, A. M., of Cincinnati, obtained and prepared the podophyllin, and through the medium of the physicians of the Electic school, first introduced it as an article of Materia Medica.*

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* In justice to the claims of the late John R. Lewis, in reference to podophyllin, we feel bound to state a few facts, as he was a protoge, and engaged in the invetisgation at our suggestion. 1st. Mr. Lewis made his experiments during the summer of 1846, between the two

Dr. Manlius Smith, in vol. xviii. 2d series, pages 306, of the American Journal of Pharmacy, describes a good method of preparing podophyllin, which is a favorite purgative with the so-called "Eclectic Practitioners." He says, two grains will purge actively persons of ordinary susceptibillity, and three grains generally suffice for almost any one.

John W. Cadbury has examined the proximate constituents of this root during the present year, (1858,) and presented a paper on the subject to the Philadelphia College of Pharmacy, in March last. He prepared a portion of the resin by evaporating the alcoholic solution in a water bath to the consistence of thin syrup, and precipitating by the addition of three times it bulk of water; the podophyllin was deposited in the form of a yellowish powder. This had an extremely bitter taste, and in the dose of one quarter of a grain operates as a brisk purge. It changed color, becoming darker, if exposed to a heat above 90°F.

In conducting my examination of this root, I did not repeat the experiments of previous observers, but endeavored to ascertain by experiment, whether cold water would dissolve any of its active principle, and determine the chemical properties of it. Also, whether it contained a vegetable alkaloid.

The powdered root was exhausted by cold water slightly acidulated with acetic acid, and the liquor evaporated to the consistence of a pilular extract by a gentle heat. Of this I took, in divided doses, fifty-six grains in five hours, without any perceptible effect, hence the portion soluble in cold water or very dilute acetic acid is inert, and it would facilitate the process for preparing its active principle, to first exhaust the root with cold water, to remove inert extractive and coloring matter, soluble in that menstruum.

The powdered root, after treatment with water, was dried, packed in a displacement apparatus, and treated with cold alcohol (95°) until exhausted. This tincture was very bitter and nauseous, and of a light brown color, (the root was devoid of taste after this treatment); the tincture was passed through animal charcoal, and evaporated to dryness over a steam bath. An abundant deposit of yellowish resin separate as the alcohol evaporated, without any appearance of crystalline character. This substance was re-dissolved in strong alcohol, and allowed to evaporate in thin layers on slips of

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sessions of our School of Pharmacy. 2d. His thesis, as published, was presented to the College in January, 1847, and was not published until the following August. 3d. The claims of Mr. Lewis are entirely scientific, and refer to the discovery of the chemical nature of the active principle of podophyllin, its activity being substantiated by experiments on himself. 4th The claims of Mr. Merrill more particularly relate to the first preparation of podophyllin as a therapeutic agent in the form now found in commerce. 5th. In regard to the claims of Dr. King, (American Eclectic Dispensatory, page 749,) of having used podophyllin since 1835, and of having written about it in 1844 and 1846, we must say, that they are rather therapeutical than chemical, refer to an impure substance and not to an isolated chemical principle, and were wholly unknown to Mr. Lewis.—EDITOR AMER. JOUR. PHARM.

glass, and when dry scraped off. This yielded the podophyllin in yellowish scales. It has an acrid, bitter taste, is neutral to test papers, soluble when heated in solutions of the caustic alkalies, frothing like solution of soap; less soluble in solutions of the carbonated alkalies: strong nitric acid decomposes it with effervescence yielding a crimsom colored liquid; sulphuric acid decomposes it; strong acetic acid does not effect it; ether separates it into two resins, proving it to be like others of the resins, compound or composed of two proximate principles, separable by means of different solvents; I think it should be considered as one body, as that view would be in accordance with the usual practice of chemists with this class of bodies. Although it does not effect test papers, still its property of combining with caustic alkalies to form true resin soaps should entitle it to be classed with feeble acids.

That podophyllin may be advantageously substituted for extract of jalap in the compound cathartic pill of the Pharmacopœia, we have abundant evidence to believe. The object of that preparation was to combine smallness of bulk with efficiency and comparative mildness of purgative action, and a peculiar tendency to biliary organs. Dr. Eberle, who has frequently used the root, says of it, "As a cathartic I have given the powdered root very frequently instead of jalap, and have always found it active and safe in its operation. It is, however, more diastic and apt to gripe than jalap; nor does it appear to be so prompt in its effects as a cathartic. Calomel renders its operation milder.

Dr. Burzon says, "Its operation is slower than that of jalap, but it leaves the bowels longer in a lax and soluble condition." "The medical properties of the Padophyllum peltatum," says Dr. Bigelow, "are those of a sure and active cathartic, in which character it deserves a high rank among our indigenous productions. We have hardly any native plant which answers better the common purposes of jalap, aloes, and rhubarb."

Dr. W. P. C. Barton, and indeed all others who have used the remedy, give uniform testimony of its certainty and efficiency.

Resin of podopdyllum, or podophyllin, appears to represent all the activity of the root, is efficient, and when properly combined with other purgatives, as it would be in this pill, mild in its effects.

The high price of scammony, together with the fact that it is nearly always adulterated,—indeed the pure article is seldom met with in the drug market,—renders it very desirable that we should find an efficient substitute: and if it can be obtained from this,—one of our own indigenous plants—at a comparatively low price, and of uniform composition, it will enable us to dispense with an article of such uncertain strength as commercial scammony now is.

Podophyllin is an active dydragogue cathartic fully equalling virgin scammony in effect, resembles it in the character of evacuations produced by it, and is applicable to similar diseased states of the system, and can, I think, be advantageously substituted in any of the preparations of the Pharmacopœia, in which scammony forms an ingredient.

Alexandria, Va., 1858.

From the Proceedings of the American Pharm. Association, p. 1858.

ON COATING PILLS EXTEMPORANEOUSLY.

By C. F. G. Collins.

To the Editor:

Dear Sir:—Noticing in the last Journal your wish for some method of sugar-coating pills extemporaneously, I send you the following, which I have used for some time, and consider preferable to any other that I have tried in my experiments, as giving the best results in the shortest time:

Take finely powdered Sugar,		3 parts,
"	" Gum Arabic,	1 part.

Mix. Spread a sufficient quantity of this powder on one end of a pill tile, and have a little simple syrup on the other, coat the pills with syrup, then roll them in the powder, repeat if necessary, and roll in a little calc. magnesia or sugar of milk, to prevent their adhering while moist.

After a little practice, pills may be coated in this way in about the same length of time that it ordinarily takes to roll them, and though they may not be quite equal in appearance to those coated in large quantities by the usual method, I think they answer the purpose equally as well.—*Am. Journal of Pharm.*

Beloit, Wis., Sept. 30, 1858.

ACETUM OPII OR "BLACK DROP."

By Israel J. Grahame.

This preparation of Opium was originally made under the name of *Black Drop*, about 125 years ago, by Edward Runstall of Durham, England; and, notwithstanding its variable character, resulting both from the quality of the opium and mode of preparation, it still continues to enjoy a considerable share of favor from the medical profession, which certainly affords an evidence of its efficiency as a remedy in the treatment of disease. It is supposed to possess advantages over laudanum, by the absence of certain disturbing principles contained in the latter taken up by the alcoholic menstrum, and the conversion of the native meconate of morphia into the acetate. However deserving this claim for superiority over laudanum or other preparations of opium may be, it is not now my province to consider; but, a preparation of so active a medicinal agent as opium, which has stood the test of so many years of favorable use, affords a subject worthy the attention of pharmaceutists with reference both to the strength and process of preparation. It is these two points that I propose to consider in this paper,—not because the same subject has not been amply and ably treated of before, but because I conceive difficulties and discrepancies have resulted from the use of the medicine in the hands of many, for want of the establishment of a proper uniformity in both these particulars. First, with reference to the strength of the article. By consulting the *Dispensatory* we find the preparation, according to the formula of the U. S. P., to represent twice as much Opium as Laudanum and to contain *Aromatics;* while the Dublin makes a vinegar of Opium *without aromatics*, of about the same strength as Laudanum; the Edinburgh on the other hand, directs a preparation representing about three times the quantity of opium as in Laudanum, also excluding aromatics.

Now all these formulæ of the pharmacopœias are intended as substitutes for the *Black Drop*, and in order to judge correctly how nearly they approximate in strength to the original it will be well to examine what is supposed to represent the original formula which is very nearly couched in the language of the formula given in the first edition of the U. S. P., which says, "take of *Opium* half a pound; *Vinegar* three pints; *Nutmeg*, bruised, one and a half ounce; *Saffron*, half an ounce. Boil them to a proper consistence, then add *sugar* four ounces; *yeast* one fluid ounce. Digest for seven weeks, then place in the open air until it becomes a syrup; lastly, decant, filter, and bottle it up, adding a little sugar to each bottle."

That the directions here given are altogether deficient in precision, and if followed would invaribly produce uncertain results, is too obvious to admit of comment; hence the Pharmacopœia has wisely rejected it; but in doing this they have erred on the other hand by substituting a preparation which may be regarded one third weaker, for the following reasons; In the above formula we start with *six ounces* of Opium and *three pints* of Vinegar, and boil to what the formula terms a proper consistence, which may mean to reduce the quantity of liquid one-half, or more or less, as the operator may see proper; but suppose we fix it at *two and a half pints.* The next step in the process is to add sugar and yeast, and digest seven weeks; then place it in the open air until it becomes a syrup. The supposition is very natural, that the evoporation requisite to give it the consistence of even a thin syrup, would certainly reduce it from two and a half to *one and a half pints.* If this reasoning is correct, the formula proposes a preparation representing *four ounces of opium* to each pint, supposing the opium to be exhausted by the treatment. In addition to this probable result, I believe the original formula stated that one drop was equal to three drops of laudanum, and this certainly has been the popular idea prevailing with regard to the strength of the medicine; and I very much doubt whether there are many physicians who have taken the trouble to inform themselves of the actual difference existing between the present strength of the Pharmacopæia and that formerly made; and under the impression that the preparation continues to be the Black Drop of old, they prescribe it accordingly and are frequently disappointed in not realizing the full effects of the remedy.

Entertaining these views I cannot but indulge the hope that our forthcoming national convention for the revision of the Pharmacopœia will consider this as well as many other formulæ worthy of their notice, so that each pint of the *Acetum opii* may represent *three ounces and three quarters* opium, instead of *two and a half ounces*, as at present.

Having had occasion recently to prepare the article, and desirous of completing it in a short period of time, I was induced to adopt some expedient by which the process of displacement could be effectively applied in accordance with my usual method, without macerating. The gummy nature of opium being the obstacle in the way, my first object was to find some substance to mingle with the ingredients, that, while it would not be incompatible with the compound, would answer the desired purpose of properly dividing the opium so as to be completely acted upon in all its parts, by the menstruum. The Aromatics prescribed in the formula, to a certain extent accomplish this object, but something is needed in a larger proportion to thoroughly answer the end in view. Sand which is many cases is recommended, I have never found to answer a good purpose. It so happened in this instance that I had on hand a lot of powdered *Poppy Capsules* designed for the preparation of "Syrup. Papav." and it occurred to me that it would effectually meet my wants, which proved to be the case. I was also induced to substitute glycerin for sugar, not from any positive knowledge that any advantage would arise by so doing, but under an impression that it might be the means of preventing, partially at least, the deposition which occurs in this preparation of opium after standing some time, no matter how nicely it may have been filtered from the dregs in the first instance. In accordance with these ideas I devised the following formula, the result of which, together with the residue, I exhibit samples to this meeting.

Take of Opium, in powder, four ounces,
Nutmeg, in powder, six drachms,
Saffron, in powder, two drachms,
Poppy Capsules, in powder, two ounces,
Glycerin, three fluid ounces,
Diluted Acetic Acid, a sufficient quantity,

Mix the powders intimately, and distribute over the mixture 1 1-2 ounces of the diluted Acetic Acid and by means of the hands rub it into the powder so as to dampen it uniformly ; then pack moderately in a suitable displacer ; and having placed over the surface, a piece of perforated filtering paper pour on diluted Acetic Acid and when ten fluid ounces of the liquid shall have passed, put it aside ; continue the percolation till the fluid which passes is comparatively free from taste ; evaporate this latter portion of liquid in a water bath to four fluid ounces, to which add one half fluid ounce of acetic acid, and mix this with the ten ounces first obtained : then add the glycerin and filter. The product should measure seventeen fluid ounces.

The advantages resulting from the process, consist in the preparation retaining its full aromatic properties, and the economy of time, it having only required a little over two hours to procure the first ten ounces of liquid, which contain the bulk of the active portion of the compound, and but twelve hours for the entire completion of the preparation, including some two or three hours loss, so that virtually it was, and can be, prepared in about eight or nine hours. —*Trans. Maryland Col. of Pharm.*

Rational Medicine.—We seldom read a book with so much pleasure as we did a pamphlet with the above title, from the press of Phillips, Sampson & Co., written by the venerable Jacob Bigelow of Boston.

In our August number we alluded to the author's essay on self-limited diseases, first published in 1835, which may be considered the first attempt in this country to correct the tendency of both physician and patient to place too much reliance upon active medication.

The essay on "Rational Medicine" sets forth in concise language the various methods which are most prevalent in civilized countries, in the treatment of disease. Viz:—

"1. The *Artificial* method, which, when carried to excess, is commonly termed heroic, and which consists in reliance on artificial remedies, usually of an active character, in the expectation that they will of themselves remove diseases.

2. The *Expectant* method. This consists simply in non-interference, leaving the chance of recovery to the powers of nature, uninfluenced by interpositions of art.

3. The *Homœopathic* method. This is a counterfeit of the last, and consists in leaving the case to nature, while the patient is amused with nominal and nugatory remedies.

4. The *Exclusive* method, which applies one remedy to all diseases, or to a majority of all diseases. This head includes hydropathy, also the use of various mineral waters, electrical establishments, etc. Drugs newly introduced, and especially secret medicines, frequently boast this universality of application.

5. The *Rational* method. This recognizes nature as the great agent in the cure of disease, and employs art as an auxiliary, to be resorted to when useful or necessary, and avoided when prejudicial."

The following statements, if fairly understood by the public, would do much to place physicians in their true relation to both sick and well.

"It is now generally admitted by intelligent physicians that certain diseases, the number of which is not very great, are at once curable by medical means. Yet, there is probably no curative agent applied to such diseases, the efficacacy and even safety of which has not been warmly contested by sectarian practitioners. It is also beginning to be admitted in this country that certain diseases are *self-limited*, incurable now by art, yet susceptible of recovery under natural processes, both with and without the interference of art.

To this class belong a great portion of the diseases usually called acute, and likewise some, the character of which is decidedly chronic. Lastly, a vast tribe of incurable diseases takes precedence in the lists of mortality, and holds, in some form, its final sentence over the heads of all mankind. Yet, so reluctant are physicians to acknowledge these universal truths, or to admit their own incompetency, that incurable and unmanageable diseases have been complacently call *opprobria medicinæ*, as if they were exceptions to a general rule.

The great objects which medical practice professes to effect, and which there can be no doubt that it frequently does effect, are the following: 1. The cure of certain diseases. 2. The relief or palliation of all diseases. 3. The safe conduct of the sick. In all these objects it sometimes fails; yet, instances of its success are sufficiently numerous to establish the necessity of the existence of medicine as a profession.

No one doubts that morbid affections, occasioned by the presence of an offending or irritating cause, are often speedily cured by the discharge or removal of that cause. And here drugs are among the principal agents which we employ. Again, no one doubts that many of the diseases of civilized life, brought on by luxury, intemperance, sedentary and intellectual labor, unhealthy residences, occupation, etc., are often wholly or partially cured by change of life, including habits, and perhaps residence. And here drugs are, for the most part of little avail. So that it may happen that the chance of cure shall depend upon the judgment with which active drugs are administered, on the one hand, and avoided or superseded, on the other.

The palliation of diseases is another great practical end of medical science, and really occupies a large portion of the time and efforts of every medical man. When it is considered that most diseases last for days, and some of them for years, and that a large portion of mankind eventually die of some chronic or lingering disease, it will readily be seen that the palliation of suffering is not only called for, but really constitutes one of the most important, as well as beneficent objects of medical practice. The use of anodynes and anæsthetics, the obviation of various painful and distressing symptoms, the removal of annoyances, the just regulation of diet, of exertion and repose, of indulgence and restriction, the direction of moral agencies, which make up so large a part of both suffering and relief, may well afford employment to the most earnest and philanthropic physician, and obtain from the public a just appreciation of the value of his services.

The safe conduct of the sick, as will be seen from the last head, consists much more in cautionary guidance than in active interference. In the management of sickness, the rein is needed to direct quite as much as the spur to excite. People sometimes suffer from neglect, but more frequently from ill judged and meddlesome attention. One of the most cogent necessities of a sick man is to be saved from the excessive and officious good will of his friends. The kindest impulses and the most beneveolent intentions are liable to show themselves in ill-timed visits, fatiguing conversations, and injudicious advice or action. Intelligent and discreet physicians are sometimes driven by the importuning of friends to the adoption of active measures, or at least the semblance of them, which their own judgment informs them would be better omitted. And the case is still worse when the impulsive temperament of the physician himself, or the influence of his early education, or the dominant fashion of the place in which he resides, is so exacting in regard to activity of treatment as to make him believe that he cannot *commit* too many inflictions upon the sick, provided that, in the end, he shall be satisfied that he has *omitted* nothing."

The various methods are carefully considered and the faults of each candidly stated.

The reformatory plan of Sir John Forbes is added to the book in the form of an appendix.

Price 50 cents.

NEW HAMPSHIRE JOURNAL OF MEDICINE.

MANCHESTER, OCTOBER, 1858.

A SYSTEM OF HUMAN ANATOMY, GENERAL AND SPECIAL. BY ERASMUS WILSON, F.R.S. &c. *A new and improved American Edition, edited by* WILLIAM H. GOBRECHT, M. D. &c. With three hundred and ninety-seven illustrations on wood. *Philadelphia; published by Blanchard & Lee.* Pp. 616. Price $3.00.

It is unnecessary to say more of this work than that this is from the seventh enlarged London edition; the Histological portion entirely rewritten and brought up to the present state of the Science, and large additions made to the text and illustrations throughout. It has been for many years the most popular work on Anatomy in use among students and practitioners, and in the present edition must retain its popularity.

The British and Foreign Medico-Chirurgical Review: is republished by S. S. & W. Wood of New York, at $3 a year. It is a quarterly of 216 pages, and furnishes more select scientific matter for the same money than any other work, native or foreign.

Typhus Fever in Great Britain. *Dr. J. B. Upham* has republished in a pamphlet of 46 pages the series of papers originally contributed to the Boston Medical and Surgical Journal, containing the result of his personal observations made in the summer 1853,with remarks as to its Origin, Habits, Symptoms and Pathology. The descriptions of Typhus are clear and concise, and the record of *post-mortem* appearances especially valuable.

The Savannah Journal of Medicine, edited by *Drs. J. S. Sullivan, Jurrah Harriss and R. D. Arnold*, of the Savannah Medical College, is at hand. This is a monthly of 72 pages, at $2 a year, and is creditable to its Editors and the Savannah Medical College, to the interest of which it is primarily devoted. The first three numbers have not reached us.

The Nashville Monthly Record of Medical and Physical Science, edited by *Daniel F. Wright, M. D.*, Professor of Physiology and Pathology, and *Richard O. Currey*, M. *D.*, Professor of Medical Chemistry and Medical Jurisprudence in the new Shelby Medical College, has been received. It is a well conducted monthly of 64 pages. It takes the place of two of our valuable exchanges, the Memphis Medical Recorder, and Southern Journal of the Medical and Physical Sciences, of which the before named gentlemen were editors. Please send us No. 1, as we don't fancy broken sets.

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THE NEW HAMPSHIRE
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[For the New Hampshire Journal of Medicine.]

ON ABSCESS.

BY A. B. CROSBY, M. D.

CHAPTER XII.

Abscess of the Pleura.

Abscess of the pleura consists in a collection of pus in the cavity of the pleura. To such a collection of pus the term empyema is frequently applied.

It is not unfrequently obscure in its character, so that the diagnosis may be attended with much difficulty. In abscess of the pleura the contained fluid is pus; but this is not the only fluid that may collect in this cavity. Sometimes serum occurs here in large quantity, especially in persons of a dropsical habit, and the affection is termed Hydrothorax. Blood sometimes occurs as the result of penetrating wounds of the chest, and the collection is called Hæmothorax. So when gas fills the cavity of the pleura by means of an opening communicating with the lung we may get a condition simulating pleural abscess, but which is properly called Pneumohodrax.

The differential diagnosis of these different affections was involved in obscurity until the physical explorations of Laennec, Andral and Broussais, brought light out of darkness.

The tendency of an inflamed pleura is always to a plastic exudation. Sometimes however such an inflammation degenerates and pus is the result.

Causes. Inflammation of the pleura frequently results from exposure to cold and dampness. This affection is frequently chronic, and thus the acute form may not improperly be considered a cause. Any well marked cachexia, the strumous habit, or even syphilitic taint may give rise to this inflammation. Wounds of the chest and metastasis of rheumatism have been observed as causes. Sometimes hepatic abscess opens into the pleura and the presence of pus excites inflammation. Abscess of the pleura may follow pneumonic abscess, or even phlebitis. Spiculæ of bone, bullets, bits of cloth and wadding have been observed by military surgeons, as causes. These substances may become encysted and give no further trouble, but these may all excite inflammation.

Symptoms. Abscess of the pleura may be either acute or chronic. The early symptoms are those of pleurisy. There is generally -ficult respiration, and this is likely to be increase by motion. Lying on the sound side distreses the patient, and there is a sense of fullness and oppression about the chest. The diseased side is generally enlarged and there is more or less protrusion of the intercostal spaces. There may be obscure fluctuation and at times œdema of the integuments. There is generally marked dullness on percussion and an absence of the respiratory murmur. The action of the respiratory muscles is violent and the heart is more or less displaced. The diaphragm is forced downward and the abdomen protrudes. The patient is afflicted with a short, harassing cough. The pulse becomes small and rapid. The cheeks are alternately pale and flushed. Should these symptoms be preceded by or occur in conjunction with pleuritis, abscess of the pleura may be inferred with certainty.

This general statement of symptoms, however, is not sufficient. It is necessary that we should glance at the various pathognomonic signs, somewhat in detail.

Dyspnœa is a not infrequent symptom of pleural abscess and is generally occasioned by pressure of the lung. Thus, there is usually a good deal of effusion when the pleura is inflamed, and the accumulated fluid makes pressure on the exterior of the lung. Dyspnœa, however, does not always present itself, even when effusion occurs. Instances are not wanting to show that even in cases where both pleural cavities contain effused fluid, there may be no difficulty in breathing. It cannot be doubted that in such instances the aeration of the blood must be imperfectly accomplished. A farthe proof of this would seem to be the fact that such persons eventually become emaciated and die.

When this abscess forms rapidly, the dyspnœa is violent. When it is slow in its developement, and chronic in its character, the breathing is seldom much interfered with. There is a great difference in this respect in different persons. Dyspnœa is a common symptom in affections of the chest, and is not at all peculiar to abscess of the pleura. Its value then in this affection is relative, and is only of importance in connection with other signs.

ON THE CLINICAL STUDY OF THE HEART-SOUNDS.

By Prof. Austin Flint, M. D.

Letter No. II.

Prof. Fenner:

Dear Sir,—In my former letter I considered, *first*, of the results, of the clinical study of the *second* or *diastolic* sound of the heart in health, those which are of importance as preliminary to the study of the abnormal modifications of this sound; and, *second*, the diagnostic value of the latter as based on clinical observation in cases of cardiac disease. I propose in this letter to consider the *first* or *systolic* sound in the same points of view, i. e., physiologically, as studied by means of auscultation in health; and pathologically, as furnishing, by its abnormal modifications, physical signs of disease. This sound is less simple than its fellow, and the agencies concerned in its production are not generally regarded as so well established. It is more liable to morbid alterations, and, in short, as a subject of investigation, it is more complicated, but at the same time, more interesting and important. Without farther introduction I will enter on its consideration.

First or Systolic Sound of the Heart in Health and Disease.

Auscultation in health furnishes abundant proof that this is not, like the second sound, unmixed; in other words that it consist of more than one element. Its distinctive characters, as generally described, relate to the sound heard at the point within the præcordia where its intensity is greatest, viz., over the apex of the heart. At this point, especially if the person ausculated be in the sitting posture, the first sound, as compared with the second, is more intense or accentuated; it is nearly twice as long in many persons; it is lower in pitch; the valvular quality is less apparent and may be absent; it has a booming, impulsive quality, sometimes accompanied by a slight shock, and sometimes by a faint ringing intonation, or tinnitus. These are distinctive traits determined by noting and analyzing the results of twenty-four careful examinations in a series of healthy persons. They are present and more or less marked when the stethoscope is placed over the point of the apex-beat. They are also present, but not as strongly marked, on auscultating over the body of the heart, within the superficial cardiac region. But if the stethoscope be carried to a point somewhat removed from the left border of the heart, viz., over or a little without the left nipple, (in the male) the sound is divested of some of the more striking of its distinctive characters. It is shortened, being scarcely, if at all, longer than the second sound; the interval between the first and second sound is proportionately lengthened; the intensity of the sound is notably lessened, the second sound being relatively more intense or accentuated; it is valvular in quality, resembling in this respect the second sound, but is lower in pitch, having lost the booming, impulsive quality which is apparent over the apex.* The same points of difference are observed if auscultation be practised, first, with the stethoscope applied upon the naked chest, over the apex, and, afterward, with several thicknesses of soft cloth placed between the instrument and the skin. What is the explanation of this difference? Over the apex an element enters into the first sound which is eliminated when the instrument is carried beyond the heart, or when folds of cloth are interposed. What is the element eliminated? What is the the element which remains after the elimination? Auscultation in health supplies data for answers to these questions. Answering the second question first, the residual sound is purely valvular. It is identical in quality with the second sound. It consists, then, of an unmixed *valvular element*. The clinical study of the sound in health and disease, seems to me to furnish proof that the characters eliminated are due to the impulsion of the heart's apex against the walls of the chest. Attributing these characters mainly to this impulsion, I am led to distinguish, as the second element entering into the first sound of the heart, an *element of impulsion.* The first sound is thus composed of two elements, viz., a vulvular element and an element of impulsion.

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* It should be stated that the examinations on which these statements are based, were made with Cammann's stethoscope, an instrument which, in the opinion of the writer, possesses great advantages over the ordinary wooden cylinder.

What is the proof that the characters distinctive of the first sound as heard over the apex, are due to the impulsion, against the thoracic walls, of this portion of the organ. These characters vary in their degree of prominence when auscultation is practiced on the same person in different positions, the variations corresponding to alterations of the force of the apex-beat. After studying the characters of the sound in a healthy subject in the sitting posture, let him take a recumbent position, on the back; the characters referable to impulsion are notably less marked, and, at the same time, the force of the apex-beat is diminished. Let the person next incline the body to the right side; the characters due to impulsion, are still less marked, while the apex-beat is feeble and may not be felt. Turning to the left side, the characters of the sound are more strongly marked than in the sitting posture, and the apex-beat is also more forcible. In certain abnormal conditions, the heart is prevented from coming into contact with the thoracic walls. This occurs in pericarditis with effusion, in cases of liquid effusion into the left pleura, and of emphysema affecting the left lung. Under these circumstances, the element of impulsion is lost; the first sound is short and valvular like the second. The same result is observed when the muscular power of the heart is greatly reduced, as in some cases of typhus and typhoid fevers, dilatation of the heart, fatty degeneration, etc. In these affections the first sound approximates, more or less, to the second sound as regards shortness and quality. The element of impulsion is wanting in the first sound of the fœtal heart auscultated over the abdominal walls. It may be said that this proof does not exclude the hypothesis of a sound of the muscular contractions entering into the first of the heart-sounds. Without discussing this hypothesis, which I think is disproved by auscultating the naked heart, I will only remark that, so far as the practical bearings of the analysis of the first sound are concerned, it is not a matter of much importance whether the characters attributed to impulsion be due to this cause, or more directly to muscular contraction. Regarding the former explanation as the correct one, I shall continue to designate the element, an element of impulsion.

The element of impulsion predominates, and, as it were, drowns the valvular element, over the apex and body of the heart. There are occasional exceptions to this rule in healthy persons, and in these instances the second sound may be accentuated even over the apex. At the base of the heart, frequently the valvular element predominates. At the right and inferior borders of the heart the valvular element often predominates. At any point removed from the præcordial region, to which the first sound is propagated, the element of impulsion is eliminated, leaving the valvular element. The latter, therefore, is alone diffused beyond the limits of the heart, notwithstanding it is generally drowned in the preponderating element of impulsion over the apex and body of the organ. The valvular element has less intensity and is less diffused than the second sound; for on carrying the stethoscope away from the heart, the first sound ceases, as a rule, to be appreciable sooner than the second sound; and, as just stated, at a distance from the præcordia, the second sound becomes accentuated.

The analogy between the valvular element of the first sound and the second sound, as regards quality, leads to the inference that this element is due to the action of the auriculo-ventricular valves. Clinical observation in cases of disease, confirms the correctness of this conclusion. Hence the propriety of designating it the valvular element. Assuming the correctness of this explanation, the element consists of the action of two sets of valves, viz., the mitral and tricuspid; now, can the sound emanating from these two sources be disconnected and distinguished from each other, as the aortic and the pulmonic second sound are discriminated in certain situations? Over the inferior border of the heart, near the xiphoid cartilage, the valvular element of the first sound frequently differs in pitch from the same element when the stethoscope is applied at or without the left nipple. When this disparity in pitch is observed, it may be inferred that the predominating sound in the latter situation originates at the mitral, and in the former situation at the tricuspid valves. When this disparity exists, the pitch is lower at the inferior border of the heart. For convenience of reference, the sound near the xiphoid cartilage may be called the tricuspid valvular element, and the sound at or without the left nipple, the mitral valvular element of the first sound of the heart.

The decomposition of the first sound, and the facts which have been stated with resepect to the two elements, respectively, which compose it, enable the clinical observer to understand the abnormal modifications which this sound presents in different cardiac affections. Both elements may be modified by disease, but in unequal proportions; either element may be affected independently of the other; either may be suppressed while the other remains; and of the two components of the valvular element, viz., the mitral and the tricuspid, the one may be lessened or suppressed, and the intensity of the other augmented, by disease. What are the pathological relations of these different abnormal modifications, or in other words, what diagnostic significance belongs severally to the latter as physica signs of disease?

In cases of enlargement of the heart in which hypertrophy predominates, the intensity of the first sound is augmented more than that of the second sound; and this exaggeration is due mainly to the augmented intensity of the element of impulsion. This element is morbidly exaggerated disproportionately to the increased intensity of the valvular element. Hence, as all observers have remarked, the first sound in hypertrophy is abnormally dull and prolonged. This is intelligible, since the dulness and prolongation of the first sound are due to the element of impulsion. In proportion to the prolongation, the interval between the first and second sound is shortened; it may be almost or even quite inappreciable. In this effect of hypertrophy we have a feature which distinguishes the augmented intensity due to it, from that which occurs when the muscular action of the heart is increased by merely functional excitation. In the latter case the first sound is abnormally exaggerated, but the exaggeration does not affect disproportionately the element of impulsion to the same extent. Hence, the sound is less dull and prolonged then in cases of hypertrophy. This fact has arrested the attention of observers. Disproportionate exaggeration of the element of impulsion in a marked degree, therefore, is a physical sign of hypertrophy.

On the other hand, whenever the muscular power of the heart is weakened, the intensity of the element of impulsion falls below that of health, and the abnormal feebleness of this element is greater than that of the valvular element. When the muscular power of the ventricles is greatly reduced, the element of impulsion may be suppressed while the valvular element is still appreciable, and in some instances both elements are extinguished and the first sound is wanting, while the second sound may still be heard. Abnormal feebleness of the element of impulsion, and its extinction occur in cases of enlargement of the heart in which dilatation greatly predominates. In proportion as this effect is produced, the first sound not only becomes enfeebled, but valvular in quality, and shortened, in these respects approximating to the second sound. In proportion as the sound is shortened, the interval between the first and second sound is lengthened. The change in the quality and duration of the first sound in cases of dilatation, was observed by Laennec, and was regarded by him, and also by Hope and others, as distinctive of dilatation. It is, however, only significant of weakened muscular power of the ventricles. It is not peculiar to the cases of dilatation. It characterizes equally, as has been remarked by Stokes, the enfeebled first sound in certain cases of typhus and typhoid fever; also in cases of fatty degeneration, and, in short, whenever the muscular power of the organ is greatly reduced. When this condition exists, from whatever cause, the first sound becomes relatively more feeble than the second, and also short and valvular, resembling the latter sound in these particulars, but always lower in pitch. The second sound being much less affected by any of the various causes which enfeeble the element of impulsion of the first sound, is accentuated, even over the apex, when these causes are operative to much extent. The element of impulsion may be enfeebled and even suppressed in cases of hypertrophy, if, notwithstanding this lesion, the muscular power of the heart, from any cause, be greatly weakened. Abnormal feebleness and suppression of the the element of impulsion, therefore, are physical signs of the muscular weakness of the heart due either to organic changes, dilatation, softening, fatty degeneration, etc., or to great functional debility of the organ. It is to be added that this element is eliminated, as has been seen already, when from effusion of liquid within the pericardial, or the left plural sac, from emphysema, or other causes, the heart is prevented from impinging during the systole against the walls of the chest.

The abnormal modifications affecting the element of impulsion, have been considered; it remains to consider those which affect the valvular element of the first sound. The intensity of this element is increased whenever the muscular action of the heart is unduly excited. In violent palpitation, both elements of the first sound are exaggerated in a ratio not notably unequal, while in hypertrophy, as has been seen, the intensity of the valvular element is not increased in proportion to that of the element of impulsion. Excited action of the ventricles, thus, tends to increase the loudness of the valvular element, more than the augmented, sluggishly excited muscular power in hypertrophy. As a physical sign, exaggeration of the valvular element has very little positive value. Diminished intensity or suppression of this element is of more importance in diagnosis.

The valvular element may be diminished or suppressed in conjunction with the element of impulsion. When both elements are thus similarly affected, great weakness of the muscular power of the heart is indicated, which may be due either to functional debility or organic change. The first and most marked effects of weakness of the heart, are apparent in the element of impulsion. If the weakness be considerable, this element is suppressed, leaving the valvular element still appreciable. If the weakness be very great, the latter element at length becomes inappreciable, and the first sound is extinct, while the second sound may still be heard. Extinction of the first sound occurs in some cases of typhus and typhoid fevers, and from this symptom, as the reader is doubtles aware, Dr. Stokes, and others, derive an indication for the free use of stimulants in these fevers and other diseases attended with extreme adynamia. It is also observed in some cases of fatty degeneration of the heart. If the two elements are enfeebled conjointly, and not unequally, it is not to be inferred therefrom that there exists any valvular lesion.

But the valvular element may be enfeebled or suppressed while the element of impulsion is as intense and more so than in health. Valvular lesions involving more or less damage or destruction, are indicated under these circumstances. Inasmuch as, of the auriculo-ventricular valves, the mitral are the seat of lesions in the vast majority of cases, the tricuspid valves as well known, being very rarely affected, it is the mitral valvular element which is enfeebled or suppressed in connection with the valvular lesions which produce modifications of the first sound. This element, it may be remarked, is to be studied in cases of disease, where it is best studied in health, viz., at or without the left border of the heart, in other words upon, or to the left of the nipple. The stethocope is to be carried to a point sufficently removed from this border of the heart, to eliminate the element of impulsion, the valvular sound which remains being that emanating from the mitral valves. Clinical observation goes to show that the valvular element in this situation is abnormally feebly or suppressed, according to the damage which the mitral valves have received from lesions there seated. A murmur accompanies these lesions, not invariably, but in the vast majority of cases. This murmur points to the existence of mitral lesions, but it does not furnish information respecting the amount ot injury which the lesions have occasioned. Cases are frequently met with in which a murmur referable to the mitral orifice is observed, without being accompanied by symptoms denoting much, if any disturbance of the circulation. The muamur may continue, denoting innocuous lesions, for many years.* When they are thus innocuous, the mitral valvular element of the first sound will be found to retain nearly or quite its normal intensity. On the other hand, when the lesions have occasioned more or less damage to the valves, the valvular element is feeble in comparison with the element of impulsion, and may be inappeciable, while the latter is not only present but perhaps exaggerated. The valvular element of the first sound, referable to the mitral, valves, therefore, is to be observed in connection with mitral murmurs, as a means of determining whether, or not, and to what extent, these valves are damaged. Practically, these are the important points involved in the diagnosis of mitral lesions; for these lesions are serious, and otherwise, in proportion as the valves are injured. The presence of a murmur, it must be confessed, interferes, to a greater or less extent in some cases, with the study of the valvular element. If the murmur be intense, and especially if it be rough, the valvular element may be obscured or drowned by it. In drawing conclusions from its indistinctness or absence, when a co-existing murmur is loud or harsh, therefore, we are not to be so positive as we may be in concluding that the integrity of the valves is not greatly compromised when the element is found to retain nearly or quite its normal intensity. It is also to be borne in mind that feebleness and suppression of the valvular element, are not physical signs of valvular injury except when the element of impulsion is not proportionately feeble or wanting. It may be added, that, when they are physical signs of valvular injury, a mitral murmur is present, as a rule to which there are a very few exceptions.

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* For cases illustrative of this statement. see Essay in Transaction of American Medical Association, by the writer, vol. xi, 1858.

Feebleness and suppression of the tricuspid valvular element, are of no value as physical signs, for, in the first place, it is only in a certain proportion of persons in health that this portion of the valvular element can be distinguished from the portion referable to the mitral valves; and in the second place, lesions of the tricuspid valves are exceedingly infrequent. Abnormal intensity of the valvular sound emanating from the tricuspid orifice, however, is a sign of some value. This sound in disease is, of course, to be sought for in the same situation as in health, viz., at, or just below the inferior border of the heart, near the xiphoid cartilage. In some cases the valvular element in this situation is strongly marked, exceeding the intensity of the mitral sound. This occurs as an effect of hypertrophy of the right ventricle, generally resulting from mitral lesions which, of the same time, lessens the intensity of the mitral valvular element. Its significance, as a physical sign, is precisely that of intensification of the pulmonic second sound of the heart. Exaggeration of the tricuspid valvular element of the first sound and of the pulmonic second sound of the heart, will be likely to be associated; but I have met with instances in which the former co-existed with hypertrophy of the left ventricle, while the latter was not well marked. It may be remarked here, that comparison of the valvular element referable to the mitral valves, with that referable to the tricuspid valves, constitutes a means of judging, on the one hand, wether the power be abnormally weakened, or, on the other hand whether the latter be exaggerated.

In conclusion, the practical points pertaining to the diagnostic significance of the abnormal modifications of the heart-sounds, are embodied in the following series of propositions:

1. Increased intensity of the first sound, the two elements composing this sound being affected equally, is a sign of excited, muscular action of the heart, and is observed in cases of functional disorder without organic disease.

2. Intensity of the element of impulsion in the first sound, the intensity of the valvular element not being proportionately augmented, if at all, is a sign of hypertrophy affecting the left ventricle.

3. Diminished intensity of the element of impulsion is a sign of weakened muscular power of the left ventricle, either from organic affections, such as dilatation, or fatted degeneration, or from functional debility of the organ. Cases are to be excluded in which, from the presence of liquid effusion in the pericardium or pleura, or from emphysema, the heart is prevented from coming into contact with the thoracic walls.

4. Abnormal intensity of the mitral valvular element of the sound, is a sign of excited muscular action of the heart, and is accompanied by a corresponding increase of the intensity of the element of impulsion, as stated in prop. 1st. Abnormal weakness and suppression of this element, the element of impulsion retaining or exceeding its normal intensity, are signs of more or less injury of of the mitral valves. A murmur referable to the mitral orifice coexists in the vast majority of cases. Notwithstanding the murmur, if the valvular element of the first sound referable to the mitral valves, retain nearly or quite its normal intensity, the valves are not seriously damaged. In judging of the normal intensity of the mitral valvular element, it may be compared with the sound emanating from the tricuspid valves.

5. Abnormal intensity of the valvular element referable to the tricuspid valves, is a sign of hypertrophy of the right ventricle, and is generally associated with diminished intensity of the valvular element referable to the mitral valves. Abnormal weakness of the tricuspid valvular element is not available as a physical sign of disease.

6. A *positive* increase of the intensity of the pulmonic second sound of the heart, is a sign of hypertrophy of the right ventricle, in the majority of cases dependent on mitral contraction or insufficiency, or both. A *relative* increase of this sound, i. e., as compared with the aortic second sound, may result from abnormal feebleness of the arotic sound, due to mitral obstruction or regurgitation.

7, Abnormal intensity of the aortic second sound, is not a sign of much importance. But non-diminution of its intensity, in cases in which a murmur referable to the aorta is present, is a sign of much value, indicating that, although aortic lesions exist, the integrity of the valves is not seriously compromised.

8. Diminished intensity of the aortic second sound, in cases in which a murmur referable to the aorta is present, is a sign that the aortic valves are damaged, provided that neither mitral obstructions nor regurgitation exists, an effect of the latter being abnormal feebleness of this sound. If the diminished intensity of the aortic sound be due to injury of the valves of the aorta, there, there will be likely to be present an aortic regurgitant murmur, in other words, a diastolic murmur referable to the aorta.

8. In cases in which a diastolic murmur is present, referable either to the direct current of blood through the mitral orifice, or to aortic regurgitation, a normal intensity of the aortic second sound is evidence that the lesions giving rise to the murmur are seated at the mitral orifice.

Venturing to hope that the *resume* which I have endeavored to present of the results of clinical study of the heart-sounds in health and disease, has not been without interest for some of the readers of Medical New and Hopital Gazette, I remain, with much respect, truly yours, A. F.

—*New Orleans Medical News and Hospital Gazette.*

CASE OF PLACENTA PRÆVIA—CENTRAL PRSENTATION—SAFE DELIVERY.

By Richard M. Currey, M. D., of Knoxville, Tenn., Professor of Medical Chemistry in Shelby Medical College, Nashville.

Early on the morning of the 12th of June, I was called to attend the lady of one of our citizens, who had during the night so frequently passed large clots of blood from the womb, that it filled her and attendants with alarm. It was yet two weeks to the expected time of her confinement, as she was the mother of seven children, and nothing of the kind had ever occurred in any of her previous confinements, she was fearfully apprehensive of some sad result to this labor. The first clot had passed off without any premonition having been given of its accumulation; and it had been so often repeated, that she had lost about a pint of blood. To my question, "Have you any pains, madam? she replied, "none that could be called such, only that whenever the clots are expelled there is a slight twinge in the womb, but it gives me no uneasiness." "Did you do anything yesterday, madam, that could have produced a strain on the muscles of the bowels?" "Nothing at all that I can recollect, sir, except lifting a basket of fruit and placing it on the shelf." "Were your bowels moved during the day?" "Yes, sir, twice." "Was it a diarrhœa?" "No, sir."

Proposing an examination, I found the os tincæ high up in the cavity of the pelvis, and dilated to a very slight degree. Assuring her that labor had not as yet begun, I ordered the application of folded napkins to the abdomed, thoroughly wet with very cold water, admidistered an opium pill of one grain, and enjoined rest · in the recumbent position, light diet and cold drinks.

At ten A. M. called, and found the discharge continuing every half hour, each clot averaging the size of a walnut. But examination revealed nothing more than in the morning. Continued cold cloths and rest.

At two P. M., sent for in haste; had just passed a large clot while attempting to rise in bed. Very dejected, and expressed her fears, through her tears, that she is to die this time.

On examination, the os tincæ was found dilated just sufficiently to admit the forefinger through it without any difficulty, when at once it came in contact with a surface rough and irregular, not smooth as the surface of membranes. It also appeared to have a rawness about it, like torn flesh. Strengthened now in my belief that I had a case of placenta prævia to deal with and assuring my patient as to the cause of the hœmorrhage, and that she should compose herself and allay her fears, as I would interfere in time to prevent any serious loss of blood, I ordered the application of cold ice-water to be constantly renewed, and that she shonld by no means raise her head from a level with the body. Finding no increase of discharge at the expiration of an hour, I withdrew.

At six P. M. called, and found that she had just begun to feel slight labor pains, occuring at lengthened intervals. On examination found the mouth of the womb still further dilated, through which the rough, raw, uterine surface of the placenta could be distinctly felt, and passing the finger round as far as it was prudent to do so I became convinced that it was a case of *central placental presentation*. At each contraction, large clots of blood would be thrown off, showing the increasing danger of the case. Calling for strips of soft linen, I endeavored to introduce them as a tampon, but such such was the rigidity of the external organs, and such pain was caused by them, that I was compelled to withdraw what had been ntroduced, and await the result.

A gradual dilatation took place in the womb, affording quite a convex surface to the presenting placenta; but now the blood, instead of coagulating, and being expelled in clots, came forth in a stream every time there was a pain.

Eight and a half P. M., a gush of blood came away, which caused the mother to believed the waters had been expelled. Believing that it was now my duty to interfere to save the life of the mother, as the discharge was very copious, and the pulse had begun to flag, I proceeded in this manner to effect my object:

At the time of a severe pain I pressed the finger firmly against the placenta, and gradually pushed, or rather worked it through the spongy mass till I reach the membranous surface. The penetration of this gave a free passage to the water, and as the pain instantly subsided, I was enabled to ascertain the position and presentation of the child. This I found to be first occipital presentation, though the head was still high up in the womb. Grasping the abdomen firmly in the left hand, and making pressure upon it, I found the head descended at the retnrn of a pain and began to engage in the expanded mouth. But, to my great fear, the placenta also pushed forward with it. The womb not seeming to act with as much energy, as I desired it should, I administered a full dose of powder of ergot, an article fresh and genuine, and upon which I could rely; a pain soon came on, but as it expelled the child, it continued to expel the placenta also, so that one half of it fully was now protruded in the vagina. This pain, howeuer, was succeeded by another, so quickly and so energetically, that my fears worc allayed, for I found that was acting so gradually and forcibly upon the child, as already to have passed it beyond the placenta, and, as it continued without cessation, it steadily expelled the child, delivery taking place one hour after the laceaation of the placenta. The child was asphyxiated, and, as the cord was pulseless, it was detached; then by cold applications and friction, it in a short time gave signs of returning animation, and has done well.

The placenta was found lying loose in the vaginia, and on being removed was found lacerated within half an inch of the umbilical cord. The womb, by cold applications, contracted firmly, and both mother and child did as well afterwards as they could have done under the most favorable circumstances.

I have been thus minute in detailing the case, for the sole reason of saying that I believe its success depended *upon its being left alone after the presenting placenta was ruptured.* I do not believe that either of the other modes recommended, either turning or moving the placenta first, would have been any more successful. I do not believe they would have been as much so. It rarely happens in cases of this character that both mother and child are saved, the one or the other almost always losing life. In the management ot this case my first object was to introduce the tampon so as to facilitate labor, but in its introduction I failed. I did not use ergot earlier in the stage of the labor, because I did not wish to tear asunder the placenta from the uterine surface before it had presented so far in advance that when I should lacerate it the child might pass through it without any delay; consequently I withheld its administration until it was necessary to use it to *expel the child*, and then in such quantity, that when it begun to act, *it should continue to do so till it had accomplished the object for which I administered it.* The plan pursued I regarded as the safest and best, and the result proved the wisdom of it. My whole course consisted simply in trying to hold the hemorrhage in check by cold applications and recumbent position, until the favorable time for the laceration of the spongy placenta, through which I hoped and was gratified in seeing, the child safely pass, aiding, in it expulsion by one dose of ergot, and firm pressure upon the abdomen.

This was the first case of this character that has fallen to my charge in twenty years' practice, although several times I have noticed slight hemorrhages previous to delivery, doubtless owing to a partial implantation of the placenta, none of which required any interference whatever.—*Nashville Monthly Record.*

FEVERS—THEIR IDENTITY AND TREATMENT.

By W. L. Johnson, M. D., of Charleston, Ky.

There is no class of disease in Nosonomy of such importance to the physician as that of Fevers. (Febris, from fievre, rel ferrore.) The fevers prevalent in the differeht climates of the United States, constitute a very large per centage of the diseases with which the physician has to combat. Moreover, they eonstitute a class of disease frequently of gseat malignancy and fatality, sparing neither age or sex; the inhabitants of the sunny south, of the umbrageous west, of the frozen north, and of the eat, are alike often victims of their ravages. Of the mortality among the people of the United States, a large percentage die of the great scourge of the world, fever. How often does the scientific desciple of Æsculapius find his skill unavailing, and feel his strong, sinewy arm grow weak, as he beholds his patient in rigor mortis, or struggling with the grim monster death. From these and other considerations, I am induced to write an article on the subject of fevers, hoping that it will meri a place in the columns of your excellent journal, and will throw out one glimmering ray of light to the profession, or elicit something upon this important subject from others of greater age and of riper intellects than the writer. If I shall present ideas or views of the pathology, causation and treatment of fevers different from others, they will be conclusions or deductions arrived at from close observation and stndy, and from an extensive practice of several years.

Medical literature abounds with accurate and faithful history of all the phenomena, symptoms and complications of fevers, nevertheless but a glimmering ray of light has been thrown out as yet on its real causations and pathology.

In physiology as in chemistry every causes produces an infallible and uniform result, and like results or consequences must be produced by identical causes.

The blood is now generally admitted by the most renowned writers as the seat of these phenomena, denominated fevers. The idea is generally inculcated that they are occasioned by the introduction into this fluid of some virus, malaria, miasm, effluvia, or vapors, etc., so called by writers, which materially, chemically or vitally change its character.

It would be absurd and illogical to arrive at the conclusion that the multifarious substances affecting that fluid could produce the same results; hence we are brought to the conclusion that all similar febrile disturbances or diseases have the same or identical causes or sources, cæteris paribus.

The analogy between fevers is striking to a casual observer, considering the difference in the circumstances under which they originate, which seem to indicate or establish the probability of the somewhat plausible hypothesis that they are produced by similar or identical causes.

If we compare the miasmatic or autumnal fevers, we will find as little difference between them as exists between cynanche maligna and cynanche simplex, or the different species or fevers of variola, scarlatina, etc., etc.

Now let us search out the localities, circumstances and seasons favorable for the prevailing of intermittent fevers; the type of those fevers which are admited by all authors and physicians, as being produced by some vegetable, and peradventure, in some degree, by animal poison.

Intermittent fever is most prevalent in low, swampy lands, of a wild, luxuriant growth, which has been for ages enriching the soil by its decay, until its whole surface has become covered with abundant vegetation, where the plow and pruning hook have never been used by man, where the land is often inundated and the soil is alluvial in character. It is there that we see the shallow cheek, the yellow tinged conjunctiva, enlarged spleen, anasarca, etc., among the poor and indolent inhabitants who have emigrated there to subsist upon the game of the forest, and the fish of the creeks and rivers. The intensity and frequency depends greatly upon the overflowing of the rivers, creeks, etc., and uniform heat or temperature of the season, thus producing great and rapid decomposition of the vegetable matter, the prolific source of the disease.

It prevailes to a great extent in the counties of Hopkins, Christian, and Caldwell, Kentucky, and in the vicinity of Charleston, in midsummer and in the latter part of autumn and spring. This fever prevails in almost every river valley in the west, in the savannahs of the south, and the marshes and flats of the north-eastern States. The disease becomes less prevalent as the land becomes cleared and cultivated by the agriculturalist, which brings to mind an old maxim, that when the cause shall be removed the effect will cease to exist. A certain amount of virus or malaria seems necessary to produce intermittent fever, but a greater amount produces fevers of a greater malignancy and of greater duration, though similar in character.

The high lands contiguous to these regions or localities, where intermittent fever is so prevalent, are by no means secure or exempt from this disease, though it prevails to a less extent and is milder than in the low lands and is often contracted in the low lands, or the malaria is carried through the medium of the atmosphere.

Remittent fever arises under the same circumstances, and in the same localities, seasons, etc., only requiring perhaps a greater amount of malaria or heat.

The isthmus and yellow fevers are confined to low lands, marshes, and swamps, only in climates of higher temperature, and are seldom found in the uplands or in mountainous districts.

Typhoid, typhus, bilious fevers, etc., we think, from deductions made from close observation, practice and study, are produced by the same vegetable poisons in the same localities, though at different seasons of the year, or in climates of higher temperature. They are the most prevalent when we have excessively hot summers, and when decomposition of vegetable matter has been very great. When cold weather comes on and the decomposition of vegetable matter is arrested by frosts, these fevers disappear, and genuine cases of typhoid, bilious, or typhus fever are but seldom seen unless the disease has been contracted during the autumn. They are very uncommon in high latitudes where the temperature is low, or in a dry, upland country. Therefore from the best knowledge on the causation of these prevalent and important diseases, we are bound to come to the conclusion that they have identical causes.

Some other forms of fever remain unnoticed, but we will not examine into the causation of any more in this article, but will now show the great similarity of the initiatory or incipient symptoms of the general or prevalent fevers of the United States.

Taking intermittent and remittent fevers as the type of all the miasmatic fevers, we will first give a meagre description of their invasion, phenomena and course. These fevers are mostly preceded by general lassitude, cephalalgia, soreness of the muscles, yawning, articular pains, etc., etc., and frequently some unpleasant enteric and hepatic symptoms, the tongue coated with a whitish yellowish fur. All of these are ushered in by a chill, followed by fever, some cerebral disturbance or congestion. Now up to this stage of these diseases, there is but little or no difference between intermittent and remittent fevers; this difference, should it exist, is only in degree. Intermittent fever has three distinct stages, its chill, fever, and the stage of perspiration; these are succeeded by a marked intermission of duration proportionate to the severity of the attack and the type, whether quotidian, tertian, quartan, etc. But remittent fever does not present that perfect intermission as in intermittent fever, but often presents remissions of greater or less duration, according to the nature and malignancy of the case, and often runs into typhoid fever, unless skillfully treated, thus showing the identity between these diseases, or as is sometimes the case, it runs into intermittent fever. The similarity between intermittent and remittent fever is very striking, nevertheless easily distinguished by the practitioner, and the indications of these two fevers are such as to require almost the same treatment.

Bilious and yellow fevers have almost the same incipient symptoms as the two fevers just described, only differing in the severity of their attack and character. These fevers are similar and analogous, the latter only differing in its great malignancy, and requiring a much higher temperature for its development; both of which have great hepatic derangement, pathognomonic of these affections, the viscus of the liver being more powerfully affected than all others; the whole secret of success in the treatment of these diseases consist in addressing remedies to that organ, and eliminating its poison or malaria in the system by the same medical or therapeutical agents as in intermittent and remittent fevers.

We now come to typhoid and typhus fevers, almost entirely analogous or similar in character, incipiency, stages, duration, etc., and often a diagnosis is perplexing to the most scientific physician, nor can it be made with great certainty until the disease has made considerable progress. As in remittent fever there are often remissions though imperfect. They are ushered in by a chill frequently, headache, lassitude, pains in the back, diarrhœa, or constipation, biliary derangements and delirium, though this last symptom seldom presents itself until the second stage. So we find the phenomena, the invasions, all the general symptoms of these two fevers to be analogous or identical, doubtless produced by the same cause but under somewhat dissimilar circumstances; hence the propriety of giving them different names in our text books.

From this hasty view and imperfect investigation of the causation of fevers, we arrive at a very correct, or at best, plausible conclusion, that the difference in malignancy, forms, duration, etc., thereof, is caused by the different amount of malaria introduced into the blood, the climate, idiosyncrasy, previous organic derangements, or pathological conditions, and circumstances under which they present themselves.

Now the inference or deduction is natural, philosophical and plausible, that fevers have the same existing, identical cause, if it be admitted that what we have stated is true relative to the locality, temperature, climate and circumstances under which they originate. It seems equally plausible to admit the identity of fevers, should there exist the great similarity in the initiatory symptoms, exacerbation or paroxysms, and course, concomitant to the progress and termination of these diseases, described in this article. We think that the contagiousness of yellow and typhus fevers can be satisfactorily explained, upon the principle of a vast amount of miasm or malaria in the vascular system, to such a degree that it is given out, emitted or exhaled by the lungs, or excretory ducts of the cutaneous system, etc., so that the poison may be imbibed or received by the nurse or occupants of the sick chamber from the victims of these malignant and alarmingly fatal diseases, especially the former, yellow fever. In our next article we will present the identity and treatment of fevers. Especial attention will be given to the treatment of typhoid fever, the writer believing and knowing that it can be arrested and greatly shortened in its course, having never lost a case of this dangerous malady, or any other fever, though never having treated a case of yellow fever.—*Nashville Journal of Medicine and Surgery.*

FOOD: HISTOGENETIC AND NON-HISTOGENETIC.

By A. G. Thomas, A.M., M.D., Atalanta, Ga.

What is food? Whatever nourishes the animal organism. It is aliment, or the integral elements, which compose the structure or support the vital processes of the organs. Food is classified by Liebig as azotized or tissue making, and non-azotized or respiratory. The azotized being the only nutritive, and the non-azotized, not entering into organized tissues, the non-nutritive substances: food, therefore, being *Histogenetic* or *non-Histogenetic* This theory of Liebig is adopted by such men as Boussingault, Tiedeman, Draper and Carpenter. That Carpenter has fully committed himself to this theory, appears from the following, from his "Human Physiology:" "But besides the *hestogenetic* materials and oxygen on the one hand, and the various products of the disintegration of the tissues on the other, the blood contains those *non-azotized* substances which are received into it for the purpose of supplying the *pabulum* of the combustive process." I shall now consider whether this popular theory be strictly physiologically true. That food is either nitrogenized or non-nitrogenized is chemically true; and it is also true that man requires aliment both histogenetic and combustible; but that *nitrogen* is *the* only integral histogenetic element, and the tissue-forming value of any substance *depends* upon the presence of nitrogen, I do not think is true for the following reasons:

1st. Whatever element is a component part of a tissue is to that extent tissue-making. Among the various classes of tissues there is one called *adipose tissue*, a name authorized by medical Lexicons and adopted by medical teachers. The very name of this tissue indicates clearly that it is composed largely, if not entirely, of adipose matter, which analysis proves is non-azotized. If, then, non-azotized matter be the principal element of a distinct tissue, how can the medical man affirm that none but azotized matter can be tissue-making?

2d. There are races of men living in climates where the supply of combustible matter needed to sustain the proper temperature of animal heat is very small. The Hindoo lives upon rice and rancid butter. His rice contains only 3.60, in 100 parts, of *gluten* a nitrogenous body, and his butter contains no nitrogen at all. Therefore, non-azotized food *must* furnish the greater part of his nutrition.

3d. No molecule, not a blastederma can exist, unless it contains an appreciable quantity of salts and fatty matter. I cheerfully admit the proposition of Liebig, "that albumen is a necessary element in the organized tissues;" but, it is equally certain that salts, fats and oils, non-azotized substances, are as essential as is albumen. Anatomical investigation proves that no tissue exists, composed wholly of albumen or azotized matter. But on the other hand, with every stroke of the scalpel, the anatomist meets with fat in nerve, in muscle, in cartilage, in bone, in every tissue. Is it not an admited fact that nerve-tissue without fat is not normal nerve? Muscle is said to contain in 100 parts, only 25.55 parts of solid matter, and of these 4.25 are fatty matter. In the white substance of the brain, of 100 parts 13.9 are fat. In the grey brain substance fat is to albumen as 4.7 is to 7.5. Bone cannot be formed unless it contain a certain amount of carbonate of lime.

4th. Water, certainly non-nitrogenous, enters largely into the formation of *blood tissue*. I know not that I shall be allowed to call the blood a tissue, and yet our Physiologists teach us "the blood is the living body." In 1000 parts of this *living body* there are, according to an analysis by M. Lecanu, 785.58 of these parts water, and, *par parenthese*, of the remaining 214.42 parts, there are 6.57 parts fat and 10 parts of salts. Not to insist, however, that blood is strictly a tissue, I pass on to my fifth reason.

5th. Water is a necessary ingredient in the formation of tissue, and judging from the great quantity of water in the system, it is the most nutritive element. That water is an essential element of animal tissue is abundantly shown by the fact, that the immense proportion of two-thirds of the whole organism is water. The cornea of the eye would not be transparent without water. Respiration depends greatly on the amount of moisture in the lungs, and the tissues would possess no elasticity but for the presence of this universal element. To support these views, I quote from Magendie: "Muscular flesh in which gelatine, albumen, and fibrine are combined, according to the laws of organic nature, and where they are associated with other matters, such as fats, and salts suffices in very small quantities for complete and prolonged nutrition." I introduce one other author to sustain this position, and that one is none other than the great champion of the theory of nitrogen as exclusively tissue-making—Liebig. It was once asked: "Is Saul also among the Prophets?" It may be asked: Is Liebig also among the advocates of the theory, that non-azotized substances, as well as azotized, are essential to the formation of animal tissues? Liebig is of age, he can speak for himself. In his Chemical Letters, he says: "Many of the physical properties of the organs or tissues depend on the presence of their non-nitrogenous *constituents*, viz: of water and fat. These bodies assist in the changes and processes by which the organized structures *are formed*. Fat has a share in the *formation* of cells, and on water depends the fluidity of the blood, and of all other juices. So, also, the milk-white color of cartilage, the transparency of the cornea, the softness, plasticity, and elasticity of the muscular fibre and of membranes, all depends on a fixed proportion of water in each case. Fat is a never-failing constituent of the substance of the brain and nerves. Hair, horn, claws, teeth and bones always contain a certain amount of water and fat." If language can be explicit, Liebig has here explicitly affirmed that tissues are dependant on "a certain amount" of non-nitrogenous matter. To do him justice, however, I will state that he has tried to be consistent with azote theory, by saying, after making the above unmistakable remarks, that these parts of "water and fat are only mechanically absorbed as water in a sponge, or enclosed in drops as fat is in cells, and they may be removed by *mechanical pressure*, or by solvents, without in the least affecting the structure of the parts." To which I reply: If water by itself, or fat by itself, has no vital properties, neither has fibrine nor albumen by itself any vital properties. I have already shown that water is an essential element of tissue, and I apprehend if Liebig, *in propria persona*, had been subjected to "mechanical pressure," he would have acknowledged that the structure was somewhat affected, long before a tithe of that element which is two thirds of the human body, had been expressed from his individual organism.

6th. Physiological testimony shows that the fibrine and albumen of the tissues undergo chemical changes in the decay and repair of the system; and that there is a waste of tissue, the result of mechanical exertion. It is a well known and universally admitted chemical law, that chemical action evolves heat; it is also a philosophical truth that mechanical pressure, such as rubbing tissues on each other, evolves heat. The conclusion legitimately deduced from these premises, is that the albuminous tissues of the body are heat producers; that the heat-making process is not confined to the non-azotized. This conclusion is supported by the facts of nature; for instance: we learn from those who have travelled largely, that there are races of human beings who live for long periods on food which is highly albuminous, containing little or no fat. Nitrogenous subtances must furnish for such races sufficient heat to sustain the temperature of their bodies.

7th. In cold countries great quantities of oil, seal-fat and whale blubber are consumed. Dr. Carpenter tells us that "Esquimaux and Greenlanders are able to *take in* 20 or 30 pounds of blubber as a meal." While I admit that a portion of this matter undergoes combustion in the body, I would ask Dr. Carpenter if the *whole* of this non-nitrogenous substance is consumed to enable them "to past a larger portion of the year in a temperature below that of our cold-est winter," what is it that keeps up the supply of muscular tissue? For it is certain that they must have muscle to enable them to lead very active lives, "spending a great portion of their time in the open air." Besides, Dr. Carpenter informs us that when supplied with twenty or thirty pounds of blubber "they are enabled to pass several days without food," when they again eat the same amount of this, their only food, and again go for several days without food. What supplies the solid tissues of their bodies? I unhesitatingly answer that a portion of this same blubber affords the necessary supply of the tissues. He also says in his Elements of Physiology.—Page 111.—"There is good ground to believe, however, that, for the formation of *all the animal tissues*, the presence of fatty matter, as well as an albuminous compound, is essential."

I think I have thus proved that azotized substances are heat-makers *and* tissue-makers, and that the non-azotized are tissue-makers, therefore serving other purposes besides making animal heat and "assisting in the elaboration and assimilation of albuminous bodies," they are *histogenetic*.

Having shown that azotized and non-azotized substances are essential as *histogenetic* and *non-histogenetic* elements, I will suggest that *food* should be classified, not chemically, azotized and non-azotized, but physiologically, ORGANIC and INORGANIC; for which idea I am indebted to no less a personage than Dr. Williom B. Carpenter. After spending some time in developing the other classifications, it would seem unwittingly, he acknowledges the superiority of the latter. On page 250 "Elements of Physiology" Am. Ed., he says: "the organic compounds which have been enumerated as supplying *the various wants* of the system would be totally useless without the admixture of certain inorganic substances, which also form constituent parts of the bodily frame." With this suggestion I leave the subject, hoping the day is not far distant when physiology "shall see for itself and not for another." When physiologists shall teach physiology as it is, showing that whatever elements support both heat and tissue in the wonderfully and fearfully framed human organism, are both HISTOGENETIC and NON-HISTOGENETIC.—*Atlanta Medical Journal.*

WOUND OF THE ORBIT.

DR. HENRY HAYES of Derry, furnishes the following singular case:—

I was called in haste to see a boy who had fallen in the garden, and in falling, had struck his face on the stem of a rose bush which projected some six or seven inches from the ground. The stem or stump had penetrated the superior eyelid immediately under the superciliary ridge, pretty near the inner canthus. I found him in bed, pale, and somewhat faint but not suffering severely. The eye was partially distorted and more prominent than natural. At the bottom of the opening through the eyelid, I found a rough, irregular surface, looking very much like the fine spongy structure of bone. On careful and repeated examination, I found that it was possible to move it, and finally succeeded, after several unsuccessful attemps, in removing, by the aid of forceps, the piece of stem. It is one inch and five eights in length, half an inch in width, and about a quarter of an inch in thickness, rather an ugly looking thing to be driven with such force as to penetrate through the eyelid and to such a depth as it occupied. On extracting it, the eye assumed its natural place and appearance, the stem having operated as a wedge above and behind the eye while it remained. It must have struck upon the superior wall of the orbit in an oblique direction and followed the inclined plane. After extracting there was free bleeding from the wound; this I permitted, rather encouraging it than otherwise. It soon ceased, however, and after being satisfied that there was no foreign substance left in the wound, directed the water dressing to be unceasingly applied so as to keep it soaking wet, with warm water. Under this topical treatment, with a very strictly regulated antiphlogistic regimen, the progress of the cure was satisfactory. Suppuration being early established, and now the wound is healed, and the eye, so far as I can judge, perfect.

The points worthy of remark, seem to be the entire sufficiency of the water dressing to keep the parts in the condition most favorable to reparation, and the very small amount of pain caused by such a serious injury in such close proximity to an important and delicately constituted organ as the eye.

Nov. 4th, 1858.

NEW HAMPSHIRE JOURNAL OF MEDICINE.

MANCHESTER, DECEMBER, 1858.

RATIONAL MEDICINE, We have had occasion to call attention to the subject of Rational Medicine on several occasions. More recently in noticing the works of Sir John Forbes and Dr. Bigelow, which are attracting considerable attention from the medical press of this country, and, unless we are very much deceived ourselves in the spirit, intention, and effect of these essays they are entirely misunderstood by some of our confreres.

The last number of the *New Orleans Medical News and Hospital Gazette* is especially severe upon the authors of the beforementioned essays, concluding with the following invective:—

> "Thus far they have lived long lives to little purpose, outside the little circle of self; and now they are establishing the unenviable reputation, at least with their professional brethren, of having long practiced an art, the utility of which they only ignore when they are looking into their graves—or, when they no longer need the bread and meat, and raiment which the practice brings."

The best reply we can make to this tirade is to copy from Dr. Bigelow's book .—

> "It is the part of rational medicine to study intelligently the nature, degree and tendency, of each existing case, and afterwards to act, or to forbear acting, as the exigencies of such case may require. To do all this wisely and efficiently, the practitioner must possess, first, sufficient knowledge to diagnosticate the disease; and, secondly, sufficient sense and knowledge to make up a correct judgement on the course to be pursued. In the first of these, if properly educated and experienced, he will be able to make an approximation to the truth sufficient for practical purposes. In the second he will have to depend mainly on his well-ordered and logical powers of self direction; for he will find in the recorded evidence of his predecessors quite as much to mislead as to guide him rightly. He will find many existing cases, in which for a time he will know not what

to do, and in which his safest course will be not to do he knows not what. It is better to resort to a little expectancy than to rush into blind and reckless action. Nature, when not encumbered with overwhelming burdens, and when not abused by unnatural and pernicious excesses, is, after all, "the kindest mother still." Art may sometimes remove those burdens. and regulate those excesses; but it is not by imposing new burdens and instituting new excesses that an end so desirable is to be attained. Before commencing any contemplated course of treatment, in a given case, two questions should always be asked: 1. Will it do good? 2. Will it do harm? A right answer to these questions will not fail to produce a right practice.

It is the part of rational medicine to alleviate the sufferings of the sick. And for this end alone, were there no other, physicians would be necessary as a profession. For this end alone, any person knowingly about to encounter the confinement of self-limited fever, or the lingering decay of a cancer or consumption, would invoke the guidance of a medical man whose judgment and skill were better than his own. The power of the medical art to palliate diseases is shown in a multitude of ways, active, cautious and expectant. The pain of acute pleurisy is relieved by venesection; that of pleurodynia by anodynes and external applications. The pain of acute rheumatism is postponed by opium; that of gout, by colchicum. Synovitis is favorably affected by rest; chronic rheumatism more frequently by exercise. Demulcents, opiates, and even astringents, have their use in various irritations of the mucous membranes. Cathartics, lexatives, emetics, leeches, counter-irritants, cupping, hot and cold applications, etc., are of benefit in various local and general maladies. Yet these remedies, especially the more energetic of them, are often employed when not necessary, and become, by their degree and frequency, rather sources of annoyance than of relief. Violent cathartics are followed by increased constipation, when milder laxatives or enemata would not have induced that evil. Blisters, antimonial ointments, salivation, etc., may continue to afflict the patient long after the disease is gone. The effects of powerful depletion are felt for months, and sometimes for years. Excessive stimulation by vinous liquids may create or renew disease, or give rise to pernicious artificial wants. To prescribe blindly for symptoms, irrespectively of their cause, is often in the highest degree injudicious. The alvine discharges of dysentery and typhoid fever are the natural ventings of an inflamed, perhaps ulcerated, membrane; the pain and the excess may be abated by the gentlest anodynes, but the attempt to check them altogether would be like the drying up of an external ulcer, of equal dimensions, by the sudden application of astringents. The object might be attained for a day, but the result would be pernicious. Having already touched upon this subject, I have only to add, that if many of the troublesome appliances and severe exactions of modern practice were superseded by gentler, mere soothing, and more natural means, a good would be done to the human race comparable to the conversion of swords into ploughshares.

It is the part of rational medicine still to strive and study for the cure of diseases; not to assume fallaciously as practical truth what has never been shown to be true, but rather to search and labor for new truth, for which it is never too late to hope. The rational physician will ever be ready to weigh and examine, candidly and carefully, new practical questions and proposed modes of treatment, whether introduced for the alleviation or the removal of diseases; and he will recollect that although nineteen out of every twenty of the new methods proposed may be worthless, yet the twentieth may perhaps possess some valuable quality. It is known that the most established laws of science cease to be such when their exceptions have been detected and made out. Some of the most important advances in human knowledge have been among the latest in date. The great American discovery of artificial anæsthesia has been wished and waited for by mankind ever since the flood; yet the effectual conquest of pain is as it were a thing of yesterday.

It is the part of rational medicine to require evidence for what it admits and believes. The cumbrous fabric now called therapeutic science is, in a great measure, built up on the imperfect testimony of credulous, hasty, prejudiced, or incompetent witnesses, such as have afforded authorities for books like Murray's Apparatus Medicaminum, and Hahnemann's Organon. The enormous polypharmacy of modern times is an excrescence on science, unsupported by any evidence of necessity or fitness, and of which the more complicated formulas are so arbitrary and useless, that, if by any chance they should be forgotten, not one in a hundred of them would ever be reinvented. And as to the chronicles of cure of diseases that are not yet known to be curable, they are written, not in the pages of philosophic observers, but in the tomes of compilers, the aspirations of journalists, and the columns of advertisers.

It is the part of rational medicine to enlighten the public and the profession in regard to the true powers of the healing art. The community require to be undeceived and re-educated, so far as to know what is true and trustworthy from what is gratuitous, unfounded and fallacious. And the profession themselves will proceed with confidence, self-approval and success, in proportion as they shall have informed mankind on these important subjects. The exaggerated impressions now prevalent in the world, in regard to the powers of medicine, serve only to keep the profession and the public in a false position, to encourage imposture, to augment the number of candidates struggling for employment, to burden and disappoint the community already overtaxed, to lower the standard of professional character, and raise empirics to the level of honest and enlightened physicians."

We are aware that diseases at the South are more violent in their course and require more active treatment than here at the North, but we believe that diseases there are not always treated on the most *rational* plan. We have evidence in the same number of the Journal which contains the above severe language, and from the same pen an argument in favor of "*rational medicine*" quite in the vein of Sir John Forbes and Jacob Bigelow. In a notice of a paper on the use of Veratrum Viride and Gelseminum Sempervirens in Yellow Fever, the Editor concludes as follows:—

"It is a pity that Drs. White and Ford did not confine themselves more fully to the new remedies,as the observations would then have been more valuable. Instead of this, we find them not only using mercury, but 'invariably attempting' to produce ptyalism. We, also, find them giving, in the beginning, a saline cathartic, 'and if the headache was intense, five or six evacuations were procured.' Also, 'a saline diuretic, and refrigerant mixture, specially directed towards the kidneys as soon as the intensity of the symptoms had been subdued.'

Now, here in New Orleans, it is the rare exception to find a physician of experience in the treatment of yellow fever attempting mercurialization, inasmuch as it is regarded as a disagreeable complication, but many give a mild purgative dose of calomel in the beginning, and find benefit from it. Our own observation teaches us that the great majority of yellow fever patients progress thus: You are called to a man with intense headache, backache, high fever, etc., etc.; he is just taken. If he has very recently eaten a meal, we give him a little warm salt-and-water to drink, and unload his stomach. Otherwise we give a dose of oil, and put his feet into a hot bath. He soons falls into a profuse perspiration, in a few hours his bowels are well relaxed, his perspiration continues for two or three days, assisted by diaphuretics, and gradually declining, until on the third or fourth day we find all fever gone, some food indicated, and the patient on the road to recovery. Of course, complications—as congestion, etc.—have to be resisted *pro re nata.* The same thing we notice where the v. v. is given. Now it remains to be proved whether this is coincidence or cause and effect."

No man could give a better illustration of what we understand as "Rational Medicine" than the above, and we must consider our brother editor as Quixotically severe upon the same principles of practice as govern his daily prescriptions.

We believe the writings of the above named authors will do great good in freeing legitimate practice from its bondage to old books and stale precedents.

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